V. S. No. 1

STATE OF WARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(820)
County County	Registration Dist. No. 3
Village or City Cluvelle.	NoSt.,Ward
Length of residence in city or town where death occurredyrsmo	f death occurred in a hospital or institution, give its NAME instead of street and number) s ds. How long in U.S. if of foreign birth?yrsmosds.
May a wear air	
2. FULL NAME MUNICIPALITY	
(a) Residence: No. 6. 0.3 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR TRACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Temple White OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widgwed, or divorced	(Month) (Day) (Year)
HUSBAND of Or WIFE of OJ. I. Cult.	22. HEREBY CERTIFY, That I attanded deceased from
1 1 90 11/1071	Jept. 20, 1934, 10 700.2, 1934
6. DATE OF BIRTH (month, day, and year)	I last saw h.C.R. alive on Low. 2,56, 1934; death is said
7. AGE Years Month's Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
ormi/	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, However & SAWYER, BODKKEEPER, etc.	Cerebral Hemorrhage 9-14-5
SAWYER, BODKKEEPER, etc.	" arterios chrosis,
kind of work done, as SPINNER, SAWYER, BODKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occuration (month and	with hypertonsian -
10. Data deceased last worked at 11. Total time (years)	
this occupation (month and spant in this occupation	
(D) A l la	Other Contributory Causes of importanca:
12. BIRTHPLACE (city or town)	
	- Ardiac failure 11-1-3:
13. NAME LEONSE PORD.	
14. BIRTHPLACE (city or town)	Name of operation Data of Data of
(State of country)	What test confirmed diagnosis? Limited Was there an au'opsy?
15. MAIDEN NAME CALLED THE TENTE OF THE TENT	23. If death was due to external causes (VIOLENCE) fill in also tha following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur?
17. INFORMANT (Address) 60% Commercial Comme	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Loudon (ask pale Noto 5, 1934	Nature of injury
19. UNDERTAKER OM TUSCUST AND	24. Was disease or injury in any way related to occupation of deceased?
(AUGIOSS)	If so, specify
20. FILED Nov 3-, 1934 ATHE Guller Registrar.	(Signed) Loyd & Saylor M. D. (Address) 39 57 York & Balto.
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V.S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

County	1, PLAC	E OF DEATH	, —	—— (46)	DERTH	
Length of residence in only of town where death occurred Q yes. Length of residence in only of town where death occurred Q yes. 2. FULL NAME (a) Residence: No. 8 7	Count	y / Sallu	nove		Registration Dist. No.	30
Length of residence in oily of town where death occurred CO yrs mos ds. How long in U. S. H of foreign birth? yrs mos ds. 2. FULL NAME (a) Residence: No. STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OF KACE 5. SINCAS MARRIEN WIDOWED, OR DIVERCED ("units file word) 6. DATE OF BERTH (mosths, day, and year) 7. AGE 4. COLOR OF KACE 5. SINCAS MARRIEN WIDOWED, OR DIVERCED ("units file word) 6. DATE OF BERTH (mosths, day, and year) 7. AGE 7. AGE 7. AGE 7. AGE 7. AGE 7. AGE 8. Trada, profession, or particular 9. Industry or business in which 9. Industry or business in whi	Village	or City Laton	eville	No. 822 Freder	uch avE. st.	Ward
(a) Residence: No. 8 7 7 (Usual piece of shock U.E. PERSONAL AND STATISTICAL PARTICULARS 3. SEP 4. COLOR OR RACE S. SINCÁB, MARRISO, WIDOWED, OR BYNGRED (smits the word) Sa. Il marriad, widowed, or divorced (involved) Sa. Il	Alength	of residence in city of town where				
(a) Residence: No. S. J. J. J. L. Ward. Comparison of the Compa			death occurred	Louis of	aku mututAt2	_mosas,
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OF RACE S. SINCLE MARRIED, WIDDWED, OR DIVIDED CONTROLL OR DIVIDED CONTROLL So. If married widowed, or divorced controlling words and the state of the stat	- C - C - C - C		2. 1. Cur	newco		
S. SEX 4. COLOR ON RECE ON PROPREED Computation words S. SINCLE SEARCH Control of words ON PROPREED Computation words S. In married, a downed, or divorced (Month) (Day) 193 (Test) 22. HEREBY CERTIFY, That i attended deceased from the second of the date stated above and the se	(a) K	esidence: No O _ / _ /	(Usual place of abode)	St., Ward.	If nonresident give city or town	and State
Se. If married/wisewed, or divorged HUSAND div	PER	SONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERT	FIFICATE OF DEATH	
55. If married/ wildowed, or diverged HUSBAND of (or) WIFE of Authority of the HUSBAND of (or) WIFE of Authority of HUSBAND of (or) WIFE of Authority of HUSBAND of (or) WIFE of Authority of the HUSBAND of (or) WIFE of Authority of HUSBAND of (or) WIFE of Authority of HUSBAND of (or) WIFE of Authority of Husband of Work done, as SPINNER, John of Authority of Husband of Work done, as SPINNER, John of Authority of Husband of Work done, as SPINNER, John of John of Husband of Work done, as SPINNER, John of John of Husband of Work done, as SPINNER, John of John of Husband of Work done, as SPINNER, John of John of Husband of Husband of Work done, as SPINNER, John of John of Husband of Husban	101	Mart		21. DATE OF DEATH	M. 18	
8. DATE OF BIRTH (month, day, and year) 7. AGE Years Mopuly Days It LESS than to have occurred on the date stated above on	HUSBAN	p of / 1/	Maria Pareza	22. LHEREBY C		,2941,
7. AGE Yegrs Months Days I ILESS than I day,hrs. ormin. 8. Trada, profession, or particular kind of work done, as SPINRER, JONE SAWYER, BOOKKEPER, atc. 9. Industry or business in which work was done, as SPINRER, SAWYER, BOOKKEPER, atc. 9. Industry or business in which work was done, as SILK MILL. 10. Date deceased last worked at years year) 11. BIRTHPLACE (city or town) (State or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMALI 18. BURIAL CRYMATION, OR RIMOVAL Place 18. BURIAL CRYMATION, OR RIMOVAL Place 19. UNDERTAKER O Quitary And Date of Injury 19. UNDERTAKER O Quitary And Date of Injury 19. UNDERTAKER O Quitary And Date of Injury 19. (Sided) 19. (Addrass) 10. Addrass) 10. Addrass 11. Output Cause of Importance as take above (in the date stated above (in the date stated above (in the place of injury). In the place of Injury (in the place of Injury). In the place of Injury (in the place of Injury). In the place of Injury 19. UNDERTAKER O Quitary And Date of Injury 19. (Signed) 20. FILED MOY, 1, 9, 19.3 for the place of Injury 21. (Signed) 22. FILED MOY, 1, 9, 19.3 for the place of Injury 22. Was disease or injury in profession of deceased? (Signed) (Addrass)		yaco on	meneral la	001/, 194	14, to Nov. 18	1934
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: S. Trada, profession, or particular kind of work done, as SPINNER, Orman (SAW MILL, SAW MILL,		1	er. 23/847		193	Y_; death is said
8. Trade, profession, or particular kind of work done, as SPINNER. SAW MILL, BOKKEEPER, atc. 10. Industry or business in which work was done as SPINNER. SAW MILL, BANK, atc. 11. Totaldma (sast) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMALL ANAME 18. BURIAL CRIMATION, OR RIMOVAL Place 18. BURIAL CRIMATION, OR RIMOVAL Place 19. Information 19. Manner of operation. What test confirmed diagnosis? Was there as an aulopsy? Accident, suicide, or homicide? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE (Address) 19. Manner of injury Name of operation. What diagnosis? Was there as an aulopsy? Accident, suicide, or homicide? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE (Address) 19. Manner of injury Namer o	7. AGE	Years Months				
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(Address) 82 V Julieur Ave. Calonius Co. 18. BURIAL, CREMATION, OR RIMOVAL Place O'Ullow Automate Ave. Calonius Co. 19. UNDERTAKER Co. Story School Co. (Address) 24. Was disaase or injury in any way related to occupation of decaased? if so, specify (Signed) (Signed) M. D. (Addrass) M. D. (Addrass)	(9	Thaili- (1	unesuland		Specify city or town, county and S	State)
18. BURIAL, CRYMATION, OR RIMOVAL Place O'CHOSUL ON DATE 19. UNDERTAKER O O SLOTE DATE (Addrass Of Le with O'Chosul On Date On Date Of the Company of the C		ssh & 2 2 to edge	ut air Catorier		OSIRT, IN HOME, OF IN PUBLIC	PLACE.
19. UNDERTAKER 6 a Story Son 24. Was disaase or injury in any way related to occupation of decaased? (Addrass 6 lie is 4 ft	18. BURIAL, C	REMATION, OR REMOVAL	V 11	1 .		
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20. FILED/10V 1 19 , 1934 A Commence of Carlot	19. UNDERTAI	(ERC Caston	Sons	24. Was disease or injury in any way re	lated to occupation of decaased?	
20. FILED/10.V.1.1. 19.07 1. 19.07 1. (Addrass) lentensville 2 and	(Addra	sollient l	the	if so, specify		/
	20. FILED M	V.19 ,1934 A	Charlieau		Money	M. D.
	1	If man			al CV	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

FOR BINDING

RGIN RESERVED

of OCCUPA-

Exact statement

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

B.—WRITE PLAINLY, WITH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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SUREAU V. S.			
•			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR I	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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	state	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	and how	1. PLACE OF DEATHBaltimore County	59)
	should of OCCI	County Stoneley h	Registration Dist. No.
1	shou of O	Village or City	No. St., War f death occurred in a hospital or institution, give its NAME instead of street and number)
X	NS A	Length of residence in city or town where death occurred	ds. How long in U. S. if of foreign birth?dsd
-1	Every CIANS ement	2. FULL NAME Minnie Untho	my
	RD. Every YSICIANS statement	(a) Residence: No 800 Hatherleigh Ref.	St., Ward.
	61	(Usual place of abode)	If nonresident give city or town and State
		PERSONAL AND STATISTICAL PARTICULARS 3. SEX	MEDICAL CERTIFICATE OF DEATH
C	LY	temal white www. (write the word)	21. DATE OF DEATH November 22 , 193 4 (Month) (Oay) (Year)
BINDING	A 1 SS	5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. A I HEREBY CERTIFY, That I attended deceased from
× X	EXE.	6. OATE OF BIRTH (month, day, and year)	I last saw her alive on Oct 2/2 1924 death is sa
-X	A. 2 2	7. AGE Years Months Days if LESS than	to have occurred on the date stated ebove, at 105 A.m.
OI	IS A I stated proper	68 10 2/ I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceusos of importance were es follows:
) F	be so be por of ce	8. Trade, profession, or particular kind of work done, as SPINNER, KTOUSE Works	Date of onse
<u> </u>		E OMMIEN, DOMMEETEN, ORDINATION OF THE PROPERTY OF THE PROPERT	myo Cardelis : Armio Scleroses Diateka Cyris
R	VK-T should it may n back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
RESERVED		10. Oate deceased last worked at this occupation (month and spent in this	
RE		year) occupation	Other Contributory Causes of importance:
GIN	DIN Se se	12. BIRTHPLACE (city or town)	
KGI	NFADING pplied. AGI erms, so tha instructions	(State or country)	Circline limbreus sday
	D # 42 "	T T	Y 0.4
-3	F 70	14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Clinical Fundance Westhere an autopsy?
		IS. MAIDEN NAME NOT Known	23. If death was due to external causes (VIOLENCE) fill in elso the following:
	4. 1	15. MAIOEN NAME NOT Known 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury 19
	NE be c	S (State or country)	Where did injury occur?
	Y DO A	17. INFORMANT Victor Conthony Mr. (Address) 808 4 attenting horad	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
		18. BURIAL, CREMATION, OR REMOVAL 1- 1	Manner of injury
	WRIT nation AUSE TON i	Place / Date / Date / 1934	Nature of injury
No. 1	IFOR	19. UNOERTAKER OPEN Jeurs Inc. (Address) 7100 Eutow Searce	24. Wes disease or injury in any way related to occupation of deceased??
vi	e .	20. FILEO / BV 22 134 Not But	(Signed) Mushael & Abrama M.
A	Z (T)	Alek Registrar.	(Address) 2 360 Entru place
		If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Peritonitis Cerebral hemorrhage Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

V. S. No. 1

SIAIL OF MARYLAND—	CERTIFICATE OF DEATH 11030
12-04	(31)
County (A) Activities	Registration Dist. No.
Village or City That accounting	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foralgn birth?
2. FULL NAME Margarely June	t t
(a) Residence: No. A Ausouville (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR, OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the ward)	21. DATE OF DEATH Mas. 19 193
5a. If married, widowed, or divogeed	(Month) (Day) (Yaar)
HUSBAND of John CH. Lindt	22. 1 HEREBY CERTIFY, That I attended decassad from
6. DATE OF BIRTH (month, day, and yeer) Law. 24 1874	
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, at 5
54 9 7.5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER A SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which	16-
work was done, as SILK MILL, SAW MILL, BANK, etc	inionic accuesty mayor
10. Date daceasad last worked at this occupation (month and 122 11. Total time (years) spent in this	historities +
year) 1934 occupation 75	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(Stata or country)	
13. NAME Color Refuger 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Data of
(State of County)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Doca Callock	23. If daath was dua to axternal causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Soca Pallock 16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT & Audt	(Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) (Raydallstown What	The same of the sa
18. BURIAL, CREMATION, OR REMOVAL COLUM. 1	Menner of injury
Alekada / rage Daty Mov. Whi 1934	Nature of injury
19. UNDERTAKER CHASHY I JULY (Address) Survey of the	24. Wes disaase or injury in any way ralated to occupation of deceased?
11/34/02/18	If so, specify
20. FILED 20, 19 17 Out Per Registrar.	(Signed) A. D. (Address) Q. A.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		21: E 1 V, S, I	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

Langth of residence in pity or Jown where obtain occurred 175. 2. FULL NAME (a) Residence: No. (Unsalpinee of abodo) PERSONAL AND STATISTICAL PARTICULARS 3. SEX (COLOR OR PACE S. SINGLE MARKEED, WHOWED, OR DIVORCED Varieth word) S. H. Harried, wildowed, or divorced (color of process) B. Trade, profession, or particular (color of process) S. H. H. C.	STATE OF MARYLAND—	CERTIFICATE OF DEATH 1103
Village or City Langth of residence in filty or Jown where flath occurry of the death occurred in a hospital or institution, give its NAME instead of arest and number) 2. FULL NAME (a) Residence: No. (busin bive of shocks) 3. SEX (a) Color OR PRCE SINCE, MARIED, WOONED OR DIVORCED (with the word) St. II married, widowed, or divorced (or) WHE of Color of the	1. PLACE OF DEATH	
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Langth of residence in filty or Jown where Stath occursed 15. mps		No. St., Ward
(a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OF DECE OF DEATH 1. DATE OF DEATH 2. I DATE OF DEATH 3. SEX 4. COLOR OF DECE OF DEATH (Month) (Day) (Pear) (Pe		(see the occurred in a notifical or institution, give its NAIVE instead of street and number)
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR PICE OR DIVORCED (wight has word) Sb. If married, widowad, or divorced HISSAND (Month) (Day) 7. AGE Years 8. Trade, profession, or particular SAWYER, BOOKKEPER, etc. 9. Industry obusiness in which work was done, as SILK MILL, SAW, MILL, MI	2. FULL NAME Baby Figh B	attle
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RECE 5. SINGLE, MARRIED, Wildow Word) OR DIVORCED vigot has word) 7. ACE Years 6. DATE OF BIRTH (month, day, and ear) 7. ACE Years 1 deyn, hrs., his der wind wildows of mind of work dome, as SYNNER, SWIFE, BUNKEEPER, SU. 9. Industry or business in which this say wild of work dome, as SYNNER, SWIFE, BUNKEEPER, SU. 9. Industry or business in which this say wild successful for superior business in which this say wild successful for superior business in which this say wild successful for superior business in which this say wild successful for superior business in which this say wild successful for superior business in which this superior in this successful for superior business in which the superior business in the superior busi		
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OR DIVORCED d spire the word) 5. If married, widowad, or divorced HISBARD (Month) (Day) 7. AGE Years BOOKS Days If LESS than I dey		
## DATE OF BIRTH (month, day, and deat) 7. AGE Years Years Pophs Days If LESS than I day, hrs., or min. It last saw h. Albe occurred on the date stated above, et. 200 more death in the saw occurred on the date stated above, et. 200 more death in the saw occurred on the date stated above, et. 200 more death in the saw occurred on the date stated above, et. 200 more death in the saw occurred on the date stated above, et. 200 more death in the saw occurred on the date stated above, et. 200 more death in the saw occurred on the date stated above, et. 200 more death in the saw occurred on the date stated above, et. 200 more death in the saw occurred on the date stated above, et. 200 more death in the saw occurred on the date stated above, et. 200 more death in the saw occurred on the date stated above, et. 200 more death in the saw occurred on the date stated above, et. 200 more death in the saw occurred on the date stated above, et. 200 more death in the saw occurred on the date stated above, et. 200 more death in the saw of t	Plende coloud OR DIVORCED (wind the word)	Nov 21 1934
17. AGE Years Days I LESS than 1 dey, hrs. or min. or min.	HUSBAND of	22. 1. HEREBY CERTIFY, That I ettanded deceased from
1. Trade, profession, or particular land of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BARK, etc. 10. Data daceased last worked at this occupation from onth and year) 12. BIRTHPLACE (city or town) (Stata or country) 14. BIRTHPLACE (city or town) (Stata or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Mark of the mark o	6. DATE OF BIRTH (month, day, and sear) 2007. 28, 1934	I last saw h Arve ods Alboro 19 deeth is said
8. Trade, profession, or particular kind of work done as SPINRR, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was dense as SILK MILL, SAWYER, BOOKKEPER, etc. 10. Data daceasad last workad at this occupation (month and pocupation). 12. BIRTHPLACE (city or town). (Stata or country) 13. NAME 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT (State or country) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Addrass) 19. Specify (Signad) M. M	1 dey,hrs.	Tha PRINCIPAL CAUSE OF DEATH and ralated causes of Importance
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Dither Contributory Causes of Importance: 12. BIRTHPLACE (city or town)	SAWYER, BOOKKEEPER, etc.	Thistow
Dither Centributory Causes of Importance: 12. BIRTHPLACE (city or town)	9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	
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(Addrass) If so, specify (Signad) (Signad) M.	Place Sivily Grove am: Date 19	
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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEAT County Registration Dist. No. Village or City St. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth?______yrs._____mos.____ds. mos. ds. 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORGED (write the word) Month) (Yeer) 5a. If married, widowed, or divarced HUSBANO of HEREBY C ERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than to heve occurred on the date stated shove 1 day ... The PRINCIPAL CAUSE OF DEATH and related causes of Importance or____min. were as follows: Data of onset 8. Trede, profassion, or particular kind of work done, es SPINNER SAWYER, BOOKKEEPER, atc ... 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11, Total time (years) this occupation (month end spent in this yaar) occupation 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) Name of operation (State of country) What test confirmed diagnosis? The analy. Was there an autopsy?___ 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: 16. BIRTHPLACE (city or town) Accident, suicide, or homicide? (State of country) Whera did injury occur?. (Specify city or town, county and State) INOUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Mannar of Injury Natura of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNOERTAKER (Address) U so, spacify (Signed) Registrar. (Addrass) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		- BECEIVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH County Galdan St. Registration Dist. No. 30 Village or-Gilly Carlot Market Gettle Cocurred 1. No. 10 Act of Corollege of St. Market Galdan Cocumed in a horpital demandation on the NAME Galdan Galdan Cocumed in a horpital demandation on the NAME Galdan Galdan Cocumed in a horpital demandation on the NAME Galdan Galdan Galdan Cocumed in a horpital demandation of the NAME Galdan Ga	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or 6Hy. Langth of residence in city or town where death occurred. 2. FULL NAME (if dash) occurred in a bepital of insistence, are in NAME fasted detect and number) 2. FULL NAME (a) Residence: No. 10 O C. How long in U.S. if of foreign birth? (b) A How long in U.S. if of foreign birth? (b) A How long in U.S. if of foreign birth? (c) Residence: No. 10 O C. How long in U.S. if of foreign birth? (d) Residence: No. 10 O C. How long in U.S. if of foreign birth? (d) Residence: No. 10 O C. How long in U.S. if of foreign birth? (d) Residence: No. 10 O C. How long in U.S. if of foreign birth? (d) Residence: No. 10 O C. How long in U.S. if of foreign birth? (d) Residence: No. 10 O C. How long in U.S. if of foreign birth? (d) Residence: No. 10 O C. How long in U.S. if of foreign birth? (d) Residence: No. 10 O C. How long in U.S. if of foreign birth? (d) Residence: No. 10 O C. How long in U.S. if of foreign birth? (d) Residence: No. 10 O C. How long in U.S. if of foreign birth? (d) Residence: No. 10 O C. How long in U.S. if of foreign birth? (d) Residence: No. 10 O C. How long in U.S. if of foreign birth? (d) Residence: No. 10 O C. How long in U.S. if of foreign birth? (d) Residence: No. 10 O C. How long in U.S. if of foreign birth? (d) Residence: No. 10 O C. How long in U.S. if of foreign birth? (d) Residence: No. 10 O C. How long in U.S. if of foreign birth? (d) Language in U.S. if of the World of the U.S. if of the U.S. if of the U.S. if of foreign birth? (d) Language in U.S. if of the U.S. if		93-2)
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Length of residence in city or town where deeth occurred. 2. FULL NAME (a) Residence: No. 10. 8. Oct. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	Village on City Catonsell	No. Spring Ine Hosp. st Ward
2. FULL NAME (a) Residence: No. 10.8 O (Characteristics) (Charact	(II Length of residence in city or town where deeth occurredyrsmos	death occurred in a horpital or institution, give its NAME (instead of street and number)
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCLE MARRIED, WIDOWED, O'R DIVORCED (write the word) 7. AUTHOR MARRIED, WIDOWED, O'R DIVORCED (write the word) 6. DATE OF BIRTH (month, day, and year) NO 6 344 7. AGE 8. Trade, proflessfon, or particular 8. Months 8. Months 9. John or min. 9. John or min. 10. John of work doma as SPINKER, Married on the date stated above, at 1 10. The PERINCIPAL CAUSE OF DEATH and railetad causes of importance 9. John or min. 10. Date General 11. Total time (years) 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. DATE OF DEATH 19. 5. deeth is said to have does as a SPINKER, Married on the date stated above, at 1 17. In FORMANT Married, the control of the date of the date date date of the date stated above, at 1 18. DATE OF DEATH 19. 5. HER E BY CERT 1 FY. That I attended deceased from 19. 5. Married, alway on 19. 5. Married, as alway on 19. 5. Married,	601 - 100	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCLE MARRIED, WIDOWED, O'R DIVORCED (write the word) 7. AUTHOR MARRIED, WIDOWED, O'R DIVORCED (write the word) 6. DATE OF BIRTH (month, day, and year) NO 6 344 7. AGE 8. Trade, proflessfon, or particular 8. Months 8. Months 9. John or min. 9. John or min. 10. John of work doma as SPINKER, Married on the date stated above, at 1 10. The PERINCIPAL CAUSE OF DEATH and railetad causes of importance 9. John or min. 10. Date General 11. Total time (years) 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. DATE OF DEATH 19. 5. deeth is said to have does as a SPINKER, Married on the date stated above, at 1 17. In FORMANT Married, the control of the date of the date date date of the date stated above, at 1 18. DATE OF DEATH 19. 5. HER E BY CERT 1 FY. That I attended deceased from 19. 5. Married, alway on 19. 5. Married, as alway on 19. 5. Married,	(a) Residence: No. 1080 akely la Qu	and Ward Cathery of P.
21. DATE OF DEATH So. III married, widewed, or divorced with the words of (or) wife of (or) wif	(Usual place of abode)	
Sa. If married, wickersad, or divorced HUSBAND (Month) (CBy) (1931) B. DATE OF BIRTH (month, day, and year) 10 0 6 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		MEDICAL CERTIFICATE OF DEATH
BUSBAND of (or) WIFE of LULLAND AND LOG OF WIFE OF	Female Waite OR DIVORCED (write the word)	Mov- 9 193 4
7. AGE Yasrs Months Deys I H LESS than to have occurred on the date stated above, at	HUSBAND of (or) WIFF of	n 1 3
8. Trade, profession, or particular kind of work dome, as SPINNER, for min. 9. Industry or business in which was done as SPINNER, for was done as SPINNER, SAW MILL, SAW MILL, BANK, etc. 10. That secessad lest worked at this occupation month end gray occupation. 11. BIRTHPLACE (city or town) 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED 19. 19. 24. Was disease or injury in any way related to occupation of deceased? M. D. Regitrer. (Signed) 19. Occupation of deceased? Manner of injury Nature of injury in any way related to occupation of deceased? Manner of injury Nature of injury in any way related to occupation of deceased? Manner of injury Nature of injury in any way related to occupation of deceased? Manner of injury Nature of injury in any way related to occupation of deceased? Manner of injury Nature of injury in any way related to occupation of deceased? Manner of injury Nature of injury in any way related to occupation of deceased? Manner of injury Nature of injury in any way related to occupation of deceased? Manner of injury Nature of injury in any way related to occupation of deceased? Manner of injury Nature of i		i last saw h 2 aliva on
8. Trade, profession, or particular kind of work doing as SPINNER. SAWYER BOKKEPER etc. SAWYER BOKKEPER ALL AUSE OF BEATH and raisetad causes of Importance ware as follows: Date of omest The rest relative and the ware as follows: Date of omest Date of omest Date of omest Date of omest The rest relative and the ware as follows: Date of omest Date of omes	1 dev bre	
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17. INFORMANTALES USEDAY STATE Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 53 60 US us of Manner of Injury Placa South Order Date For 12, 19 34 Nanner of Injury Nature of Injury 19. UNDERTAKER Of Grandford Grand	(State or country)	Whera did injury occur?
Placa Sondon Sark Date Tov. 12, 1934 Nature of injury 19. UNDERTAKER Coffeet S. Sittles (Address) 2700 8 Sunneyers Circles 20. FILED 10, 19.7 19 19 19 19 19 19 19 19 19 19 19 19 19		Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
19. UNDERTAKER Coffeet of Settles 24. Was disease or injury in any way related to occupation of deceased? No 19.2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/		• • • • • • • • • • • • • • • • • • • •
20. FILED 1/10 , 19.2 A Color (Signed) (NOC) Carroll M. D. Registrat. (Address) Carrollo Med.		24. Was diseasa or injury in any way related to occupation of deceased?
	20. FILED 11/10 , 19,2 V & Column	(Signed) (Signed) M.D.
	Registrar.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SP.	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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should state of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH	036
1. PLACE OF DEATH	(62-0)	
County Baltumon	Registration Dist. No. 442	
Village or City Baltimone Aghly	MINE O NEW THAT IT IS	Ward
Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and numds. How long in U.S. if of foreign birth?yrsmos	ber)
2. FULL NAME: Mary Anister 1	Franzli	
(a) Residence: No. 18 ew 40-40 100.	Zst, Ward.	
(Úsual place of abode)	If nonresident give city or town and Stat	le
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word) 5a. If marriad, widowad, or divorced	21. DATE OF DEATH OVERNING (Month) (Day)	(Year)
(or) WIFE of Thos P Boenz/1	22. HEREBY CERTIFY, Thet I attended deca	ased from
6. DATE OF BIRTH (month, day, and year) 15 /80V. 1881	I last saw har alive on 11 18 0 1974; da	eath Is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data statad above, at	
	The PRINCIPAL CAUSE OF DEATH and releted causes of Importence were as follows:	ate of onset
8. Trade, profession, or particular kind of work done, as SPINNER COLLEGE SAWYER, BOOKKEPER, etc.	Lacrovia Constitution	4.7
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decaesed last worked at this occupation (month and	Augentersion	1929
10. Date decaesed last worked at this occupation (month and / 924 spant in this occupation occupation		
12. BIRTHPLACE (city or town) Patherney Ct. (State or country)	Other Contributory Causes of importance:	
W 13, NAME WANN Anules	9/18/1974	
13. NAME (JAW) Anyald 14. BIRTHPLACE (city or town) Demonstration (State or country)	Name of operation	2.
15. MAIDEN NAME Marca Alberta William	What tast confirmed diagnosis? Was there an au'op 23. If deeth was due to axternal causes (VIOLENCE) fill in also the following:	syr
15. MAIDEN NAME Nary Alberta Villaus 16. BIRTHPLACE (city or town) Dacto	Accident, suicide, or homicide? Oate of injury.	, 19
(State or country) Original 17. INFORMANT MY Marie & Find Original Original Automobile Automobil	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivest Oate Nov / 3 1934	Manner of injury	
19. UNDERTAKER Win Cook (Addiess) 1217 St. Paul St.	Nature of Injury 24. Was disease or injury In any way ralated to occupation of dacaased? If so, specify	
20. FILEDAN 12, 1934 Gregiurar.	(Signed) AllWell Too Drug (Address) Linthieum Hough	6 M. D.
If more blanks are needed, address State Registrar,	2421 N. Charles Street, Baltimore, Requesting V. S. No. 1.	ra

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1 N. B. DCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	159
County / Dallymore	Registration Dist. No.
willage or City Deckleysville	No. St., Ward
Length of residence in city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
J. (d	John Jong in Court of Foreign Difference John Jones Milos Language Milos Mi
	The West
(a) Residence: Np. (Usual place of abode)	## Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) 29 1934 (Year)
5e. If merried, widowed, or divorced HUSBAND of	
(or) WIFE of	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) X (05 28 1934	t last sew h_W_ alive on Juv. 78, 19.34; death is said
7. AGE Yeers Months Days If LESS then I day. hrs.	to have occurred on the date stated above, et 1.2m.
or 40min.	The PRINCIPAL CAUSE OF DEATH end related causes of Importence were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	
9. Industry or husiness in which	Vsisnaluleg
work was done, as SILK MILL, SAW MILL, BANK, etc	
11. Total time (years) this occupetion (month end spent in this	
Year) occupation occupation	Dther Contributory Canses of Importence:
12. BIRTHPLACE (city or town) Schlegesville (State or country)	
13. NAME Walley Francischer Browns	
near Pall	No. 10 a result
(Stete or country) March and	Neme of operetion Date of Whet test confirmed diagnosis? Wes there en autopsy?
15. MAIDEN NAME Phelinks Irmal Foroble	23. If deeth was due to externel causes (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town) Beckleyoveller	Accident, suicide, or homicide? Dete of injury, 19
(State or country) Manyland	Where did Injury occur?(Specify city or town, county and State)
17. INFORMANT Nacles T. Story (Address) Handsland Md R. D.	Specify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
18. BURIAL, CREMINION, OR REMOVAL	Menner of injury
Place Sallin Date 100 19, 1989	Neture of injury
19. UNDERTAKER Coled Copplore (Address) Hamberte of My	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED 11-29, 1934 C. E. Fourth M. Co. Registrar.	(Signed) Edgas M. Dush M. D. (Address) Hambales M. D.
If more blanks are needed address State Registeres	N Charles Street Philippe B. W. 71 C N.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUDGAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH 11038
1. PLACE OF DEATH	159
County Pallingor.	Registration Dist. No. 3 ¥
Nexipage or charceleling aville	NoSt.,Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds,
2. FULL NAME Mayorie Brown	rg.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
7. SEX 4. COLOR OR RACE OR DIVORCED ("write-the word) OR DIVORCED ("write-the word)	21. DATE OF DEATH (Month) (Month) (Day) (Mar)
5a. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of	1 HEREBY CERTIFY, That I attended dacassed from Nov. 28, 1934, to have 28, 1934
6. DATE OF BIRTH (month, day, and year) 175 28 1934	
6. DATE OF BIRTH (month, day, and year) 7 7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at 7,10 am,
1 day, /2_hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada profession or particular	Date of one et
Kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Data dacaasad last worked at this occupation (month and second in this country).	I remalissely h
Work was dona, as SILK MILL, SAW MILL, BANK, etc.	
- Spant in this	
tz. BIRTHPLACE (city or town) Deckles svilles	Other Contributory Causes of importance:
(State or country)	_
I 13. NAME Faller + runging Jorna	
13. NAME Waller + william Borney 14. BIRTHPLACE (city or town Bedaley sville	Name of operation Date of
(State of country) Manyland on	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Trelina Ama Forvole 16. BIRTHPLACE (city or towns exclusions)	23. If daath was dua to external causes (VIOL ENCE) fill in also the following:
0 16. BIRTHPLACE (city or to male allegavilly	Accident, suicide, or homicide?
(State or country) Many Claude	Whare did injury occur?(Specify city or town, county and State)
17. INFORMANT Malley to Borney (Addrass) Familialized ned R. D.	Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMUVAL	Mannar of injury
Place Saclice Date 1 WN 27, 1954	Nature of injury
19. UNDERTAKER Edwe Tipston	24. Was diseasa or injury in any way ralated to occupation of daceased?
(Address) Acumpleton Mil	if so, specify h
20. FILED 11 - 29 1939 5 fruits m 10 Registrar.	(Signad) Agas M. Ouston M. D. (Address) Araufrateade Mid

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAL Y			
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

B

(Address)

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURRAU V. E				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

should state

of OCCUPA-

1. PLACE OF DEATH		<u> </u>	·
County Walks . Co.	-1	Registration Dist. No. * 33	
Village or City M. Plus	The trung 302;	marion St. st.	Ward
Length of residence in city or town where	19 0 (H	death occurred in a horpital or institution, give its NAME instead of street and number)	
-11 . H-	death occurred yrs mos	now long in U.S. If of loraign birth?yrsmos	ds
2. FULL NAME TO allu	Jacker pri	ene,	
(a) Residence: No. 3 02 Mc		St., Ward.	
PERSONAL AND STATIST	(Usual place of abode)	if nonresident give city or town and State	
3. SEX 4. COLOR OR RACE		MEDICAL CERTIFICATE OF DEATH	
	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the world)	21. DATE OF DEATH	,
Female White	married	(Month) (Day) (Yea	ir)
5a. If married, widowed, or divorced	0 00	22. I HEREBY CERTIFY, That I attended deceased	
(or) WIFE of John	Bruchl.	193 1/ 10 Con 25 6 19	Tron
6. DATE OF BIRTH (month, day, and yaer)	1-91899	Mest saw has alive on 700 18 th 192 V death in	
7. AGE Years Months	Days If LESS than	1915	\$ 5816
25- 9	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causas of importance	
8 Trade profession or particular	ormin.	were as follows:	onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, atc	House wife		
4 9. Industry or business in which		June of grans: dose- fur	15.
work was done, es SILK MILL, SAW MILL, BANK, etc	U	teon , right Corebrum. Makegnast.	
10. Data daceesad last worked at this occupation (month and	11. Total time (years)	George C.	
yaar)	spent in this 17 yes.	04 0 2 0	
12. BIRTHPLACE (city or town) Cores	egville	Other Contributory Causes of importance:	
(Steta or country) mg	() () A		
13. NAME Charles a	. Talbert.		
13. NAME Charles a 14. BIRTHPLACE (city or town) Mon	tigumers Co.	Name of operation Design Date of Annie Of Operation Date of Operation	10)
(Stete or country)	A.	11/4	2.
15. MAIDEN NAME Russa %	rainia Handen	7	· y
15. MAIDEN NAME Rusa &	LED C.	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
9 16. BIRTHPLACE (city or town) (State or country)	V. 1	Accident, suicide, or homicide?	
11.1.13	10	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Rus Leve	hours mid.	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, DR REMOVAL	owa 126g	Managerial	
Place asbury Cometer	7 Date hov. 20 1984	Menner of Injury	
aum B	2 21 0 2	Netura of injury	
19. UNDERTAKER	nan & sone	24. Was disease or injury in any way related to occupation of deceased?	
(Addrass) Realth t	ma.	If so, spacify	
20. FILED , 19.3 4	y males E	(Signed) 7 / Mayer Milly Last	M. D
Y	Registrar.	(Address) R-boattestern	1
If more	bianks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

STATE OF MARYLAND-CERTIFICATE OF DEATH

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STATE OF MARYLAND—CERTIFICATE OF DEATH

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JAN 7 1030			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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of OCCUPA-

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	120
County Tall	Registration Dist. No.
Village or City Redgemed	No.440 Hooper ans. Ward
	f death occurred in a hospital or institution, we its NAME instead of street and number)
Langth of residence in city or town where death occurred	sds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Lestrude Will	dette
(a) Residence: No. 4401 940 (Usal place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Genal white OR DIVORCED (write the word)	Plor 30 193 P
5. If married, widowed or divorced	(Month) (Day) (Year)
HUSBAND of Joshua Burdett	22. I HEREBY CERTIFY hat I attended deceased from
0.0.121867-	1974 to 900 30, 1920
6. DATE OF BIRTH (month, day, and year) 1000 3 7. AGE Years Months Days if LESS than	I last saw hatte on the date stated ebove, at 8 4 5 m.
79 1/9 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance
8. Trede, profession, or particular	were as follows:
kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc.	Trabular heartdiseine
9. Industry or business in which	
work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Data dacaesed last worked at 11. Total time (years)	Chrone Mesthal Repliets
O 10. Data dacaesed last worked at this occupation (month and 2) spant in this occupation (month and 2) spant in this occupation occupation	
B D	Other Contributary Causes of importanca:
12. BIRTHPLACE (city or town) (State or country)	
9 0	12May
E R 1%	Manual of according
14. BIRTHPLACE (city or town) 12. (Stata or country) 11.	Name of oparetion
15. MAIDEN NAME Semiella Trust	23. If daath was due to axternal causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Densiella Trust 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) State or country)	Accident, suicide, or homicide? Date of Injury 19
(Steta or country)	Where did Injury occur?
17. INFORMANT Pour Bessie Diegon	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
(Addrass) Helol Harpy any	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plate Date 19 31,	Nature of injury
19. UNDERTAKER J. B. Beall Suc	24. Was diseasa or injury in any way related to occupation of decaased?
(Addrass) Danama mg.	If so, spacify
20. FILED MW 30, 1934 Get Amfrifer	(Signad) M. D.
UBegistrar.	(Address) for a Leas lays
If more planks are needed, address State Registrar	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 ä ż

20. FI

state

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11043
PLACE OF DEATH	<u> </u>
County Balls.	Registration Dist. No. 30
Village or City Catourville	No. St., Ward
Length of residence in city or town where death occurred lyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. Appropriate in U.S. if of foreign birth?
FULL NAME Officardo Saus	os Burnel
949	> St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCEO (write the word) Married Married	21. DATE OF DEATH Nov 16 193 4 (Month) (Day) (Year)
married, widowed, or divorced HUSBAND of (or) WIFE of May 6. Burns	22. I HEREBY CERTIFY. That I attended deceased from how 1/1 1934 to Nov 16 1934
TE OF PURTY (1907) A 1907 A 1	l lest saw h alive on
TE OF BIRTH (month, day, end year) E Years Months Days If LESS than	to have occurred on the date stated above, et & Pm.
8 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Caracroma of Crostale / 4
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	glored
O. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 504	
(RTHPLACE (city or town) Altereory (State or country)	Other Contributory Causes of importance:
3. NAME TIME Survey	
4. BIRTHPLACE (city or town) Italian	Name of operation
(State or country)	What test confirmed diagnosis? Clurical Was there an autopsy? Ive
5. MAIDEN NAME MALY JEGUELL	23. If death was due to external causes (VIOLENCE) fill in also the following:
6. BIRTHPLACE (city or town) The Country)	Accident, suicide, or homicide?
FORMANT My Mary 6 Bures	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) (1) Carcerage	
Place Very Calfedral Date MY 19 1934	Manner of injuryNature of injury
NOERTAKER WILLIAMS OF THE CANADA CONTROL OF	24. Was disease or injury in any way related to occupation of deceased?
LEO NOV 17, 1934 Warshall Bluest-Registrar.	(Signed) Marhall B west M. O. (Address) Catarrelle Mal

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	
Dr. Marshall Will	
engresia vasi	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

be properly classified.

TION is very important. See instructions on back of certificate.

20. FILED

CAUSE OF DEATH in plain terms, so that it may

Exact statement of OCCUPA.

100	7264 1 11	1/421 2 2 1 more 1	there .		
STATE	OF MARYI	AND-CERTIF	ICATE	OF	DEATH
	01 111711111	-/ (110		•	

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH County Balto	Registration Dist. No. 40
Village or City Flan arm	No. Harford Rd St. Ward
	20.00
(a) Residence: ND. / Consultation (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Walance	21. DATE OF DEATH Nov 15 × 193 4
5a. If married, widowed, or divorced	(Month) (Day) (Year)
(or) HISBAND OF Georgianna Burton	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) May 26 1963	I last saw halive on, 19; death Is seig
7. AGE Yaars Months Days If LESS than 1 day, hrs.	to have occurred on the dete stated above, at
71 5 19 ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importanca wera as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER BOOKKEPPER atc.	Chi gine
kind of work dona, es SPINNER, SAWYER, BOOKKEPER, atc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at his occupation (month and	
work wes done, as SILK MILL, Hus bandry	Trom nevery
1D. Date deceased lest worked at this occupation (month and 1934) 11. Total time (yeers) spent in this 5/ occupation	
12. BIRTHPLACE (city or town) Slew arm (State or country) and.	Dthar Contributory Canses of Importance:
13. NAME John Beals Burton	
13. NAME Volu Stale Buston 14. BIRTHPLACE (city or town) (State or country) WA	Name of operation Date of Was there an autopsy?
15. MAIDEN NAME Louisa Toda	23. If daath wes due to axternal causes (VIDL ENCE) fill in elso the following:
15. MAIDEN NAME Locaisa Todd 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, Where did injury occur?, 19
17. INFORMANT Mrs Chas King (Address) Varretts ville Ald	(Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL WARE Try Date Nov 18 4 , 1934	Manner of injury
19. UNDERTAKER WWW Cook (Address) 1217 St Paul St Bolto Wel	24. Was disease or Injury In any wey related to occupetion of daceesed?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—1

1. PLACE OF DEATH CDUNTY CDUNTY Village Dr City Village Dr City Length of rasidence in city or town where death occurred Oyrs Mo. Belle Invested (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of rasidence in city or town where death occurred Oyrs Mos. J. ds. Ward Oyrs Length of rasidence in city or town where death occurred Oyrs Mos. J. ds. Ward Oyrs Length of rasidence in city or town where death occurred Oyrs Mos. J. ds. Oyrs Oy
Village Dr City Neer Cation wille No. Belle France Read St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of rasidence in city or town where death occurred o yrs. 2 mos. 6 ds. How long in U.S. if of foreign birth? 9 g. yrs. 14 mos. 13 ds.
Length of rasidence in city or town where death occurred of yrs. 2 mos. 6 ds. How long in U.S. if of foreign birth? 9 g. yrs. 14 mos. 13 ds.
Length of rasidence in city or town where death occurred O yrs. 2 mos. 16 ds. How long in U.S. if of foreign birth? 9 g yrs. 14 mos. 13 ds.
1
(a) Residence: Np. 2/0 > MiRoyal June - St., Ward. Dell'Stuly - (Usual place of abode) (Usual place of abode) If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) Temale Willow (Month) (Day) (Year)
5a. If married, widowad, or disposed HUSBAND of (or) WIFE of 1 HEREBY CERTIFY That I attanded decassed from 19 26, to 19 34
6. DATE OF BIRTH (month, dey, and year) 101-28-1854 i last saw help alive on your 9 , 1934; death is said
7. AGE Years Months Days If LESS than to have occurred on the date stated above, at \$\int_{\text{.30 A}_{\text{.m}}}\$.
ormin. were as follows:
9 Industry or business in which
work was done, as SILK MILL, SAW MILL, SAW MILL, BANK, etc
10. Date daceased last worked at this occupation (month and year)
12. BIRTHPLACE (city or town) Tony Conn. Dther Contributory Carries of Importance? Carries or Conntributory Carries of Importance? Conn.
13. NAME Torace freeman
13. NAME FORM FULL MANUAL
15. MAIDEN NAME Eliza al Selknuf 23. If death was due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town)
Whera did injury occur? 17. INFORMANT MASSUMENTS Lake - Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Address) Besilo mil.
18. BURIAL, CREMATION, OR REMOVAL
Place Cully Morn, Data Conf. 12 , 19 Nature of Injury
19. UNDERTAKER Sheward Months on form of the same of injury in any way related to occupation of daceased? If so, spacify for the same of t
20. FILED. 1. 19 3 Al Sudies (Signed) Jack . R. Molgan, M. D.
If more blanks recheef antirese State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MINTAL V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH	010
1. PLACE OF DEATH	1/3	
County Ballinere	Registration Dist. No.	039
Village or City Phrenix	NoSt	Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and nu	mber)
0. 11.00	/ / / /	ds.
2. FULL NAME Ber aldure lye	well Lastley	
(a) Residence: No. (Usual place of abode)	St., Ward.	
PERSONAL AND STATISTICAL PARTICULARS	V If nonresident give city or town and St MEDICAL CERTIFICATE OF DEATH	tate
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
finale While OR DIVORCED (write the word)	Horender 19	193.4
66. If married, widowed, or divorced HUSBAND of	(Month) (Day)	(Year)
(or) WIFE of Sung le	22. HEREBY CERTIFY, That I attended de	ceased from
6 DATE OF DIRTH (month day and man)	, 19 9 7 , 10	, 19_3_4
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Deys If LESS than	to have occurred on the date steted above, at 5 2 m,	death is said
hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance	
8. Trede, profession, or perticular	Ware as follows:	Date of enset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done as SPIN MILL	Cholese Intantina	9 days
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		1.
SAW MILL, BANK, etc		
this occupation (month end spent in this occupation		
12. BIRTHPLACE (city or town) arhungiton	Other Contributory Causes of Importance;	
(State or country)		
13. NAME Serald & Castley		
13. NAME Serald & Castley 14. BIRTHPLACE (city or town) unbrown	Name of operation Date of	
(State of country)	What test confirmed diegnosis? Wes there an auto	onev?
15. MAIDEN NAME ailen S Jans carla 16. BIRTHPLACE (city or town) . M arlungton	23. If deeth wes due to external causes (VIOLENCE) fill in also the following:	
5 16. BIRTHPLACE (city or town) M ashing time	Accident, suiclde, or homicide? Date of injury	, 19
(State or country)	Where did injury occur?	
17. INFORMANT O'Clicco O'Sroym	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE	E.
(Address) Physics Wed		
Place Laters Date Pours 21, 1934	Manner of injury	
11/m l. B	Nature of injury	
19. UNDERTAKER AVIII to Through 5 5000 (Address) tanaria Ind	24. Was disease or Injury In any way releted to occupation of deceased?	
11/201 34 7 . 0/20.1	If so, specify (Signed) B R B R B R B R B R R R R	
20. FILED 19 Mances on Clark	P C made of C	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 wcek ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH (131) Registration Dist. No. (If death occurred in hospital or instituilon, give its NAME instead of street and mumber.) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 4 COLOR OR RACE | 5 SINGLE, WIDOWED ULL OR DIVORCED (Write the word) I HEREBY CERTIFY. That I attanded the deceased structions that and that death occurred on the date stated above, at 7 AGE If LESS than I day hrs. 8 OCCUPATION (a) Trade, profession or plain particular kind of work...... (b) General nature of industry business, or establishment in which employed or (employer)..... 9 BIRTHPLACE (State or country ... (Duration) ... 10 NAME OF II BIRTHPLACE ENT *State the Disease Causing Death, or, in deaths from OF FATHER Violent Causes, state (1) leans of lnjury: and (2) whether (State or country Accidental, Suicidal or Homicidal, 2 12 MAIDEN NAME 4 OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-State ients, or Recent Residents) 13 BIRTHPLACE in the At place OF MOTHER ... yrs. mos.... da. State,yrs......mos. of death (State or country) 0 Where was disease contracted, if not at place of death?..... Former or usual residence. PLACE OF BURIAL OIL MEMOVAL Every 20 Registrar ore blanks are needed, address State Registrar 16 W. Saratoga St., Balto., Requesting V. S

(Approved by U. S. ('ensus and American Public Health Association.)

the a business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness If retired from or given up on account of the biskage causing Death Housemaid, etc. If the occupation has been changed gared in domestic service for wages as Servent, Cook, ployed, as At "chool de At home, fare should be taken definite salary), may see entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement.

Never return "Laborer" "Foremula" "Annarer" "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; thould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician. Compositor, Architect, Locomotive engineer cupation is very important, so that the relative healthwhatever, write None. to report specifically the occ pations of persons enlaborer, Farm laborer. Laborer-Coal mine, etc. Womsary to know (a) the kind of work and also (b) the Civil engineer, Stationary firemen, etc. tion (a) Foreman, (b) Automobile factory. Statement of Occupation Precise statement of ocest line will be sufficient, e. g., Farmer or Planter or At Home, and children, not gainfully emfor many occupations a single word or term on of various pursuits can be known. The ques-316.). blies to each and every person, irrespective of without more precise specification as Day For persons who have no occupation The material But in many

Exame to Cause of Death—Name, first, the diskase causing death (the primary affection with respect to time and causation), using always the same necepted term for the same disease. Examples: Greekwapinal fever (the only definite syndaym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "('roup"); Typhoid fever (never report "Typhoid gneum-nia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> diseases resulting from childbirth or miscarriage as symptomatic), "Atrophy," "Collupse," conditions, such as "Asthenia," "Anaemia" ary). 10 ds. Never report mere symptoms or terminal ment of cause of death approved by Committee quences (e. g., sepsis, tetunus) may be stated under the ture of the injury, as fracture of skull, and conse Poisoned by carbolic acid-probably suicide. The natrain—acoident: Revolver wound of head-hondeide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or Homicidal, or State cause for which surgical operation was under-"Purperal septionemia." "Purperal peritonitie," can be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease rhage." "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy." "Exhaustion." "Heart causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of Nomenclature of the American Medical Association.) vulsions," Chronic interstitial nephritis, etc. (name origin; "Cancer" ls less definite; avoid "inqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need Whooping cough; Chronic valvular heart disease; of "contributory." (Recommendations on state FOR VIOLENT DEATHS STATE MINANS OF INJURI "Debility" ("Congenital," "Senile," etc.). failure." The contributory "Coma." "Con-"Haemor-(disease (merely (second.

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

234

PHYSICIANS should state

of OCCUPA-

Exact statement

See instructions on back of certificate.

STATE OF	MARYLAND—CERTIFICATE OF DEATH	11048

1. PLACE OF DEATH	
County Baltimore	Registration Dist. No.
Village or City Della (Que	tricle / No. St Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
	Pyrsmosds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Steorge &	Lavies 1
(a) Residence: No. Clearty (Usual place of	Abode) Stl, Curward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTIC	and
3. SEX 4. COLOR OR RACE OR DIVORCED (ED, WIDOWED, (write the word) 21. DATE OF DEATH Nov. 193 4
5a. If married, widowed, or divorcad HUSBAND of	
(or) WIFE of	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	13-24-, 10-2-
7. AGE Years Months Days	I last saw h alive on 19 7 ; death is said to have occurred on the date stated above, at 1 7 m
	I day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or postigular	ormin. were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Il Mem Trans Croth Roll 94
S Hade, professing, or participants, or	
10. Date deceased last worked at 11. Total time	e (Years)
this occupation (month and spant in occupation)	in this
12. BIRTHPLACE (city or town) Bullsmy (State or country)	Other Coutributory Causes of Importance:
I 13. NAME & Gardon Mani	
13. NAME Jacoban Manie 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sarah Reil.	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Sarah Buff. 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT & Phondon May (Address) Elwott Er	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date NOT.	Nature of injury
19. UNDERTAKER F- 6. My whothous (Addiess) Extract City	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED 1/2 7 , 19 1 Comment	(Signed) 4 Dulle M. D. Registrar. (Address) Ellicat Carry
If more blanks are needed, haddr.	reg State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOI	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH	049
1. PLACE OF DEATH		11
County Ballinesse	Registration Dist. No.	1
Village or City of parrows facut.	No. 604 J. St., St.,	Ward
	death occurred in a horpital or institution, give its NAME instead of street and not be described.	
2. FULL NAME Rakert Maris		
(a) Residence: No. Sauce as abore	- St., Ward.	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	(Month) (Oay)	, 193 / - (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WHEE of Makel Waris.	22. I HEREBY CERTIFY. That I attended of	deceased from
6. DATE OF BIRTH (month, day, and year) July 27, 1896	Hast saw h 1 M alive on NOT 26 , 1934	; death is said
7. AGE Years Mpnths Days If LESS than	to have occurred on the date stated above, at 4.4.m.	
38 40 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:	Date of onset
3. Trade, profession, or particular kind of work done, as SPINNER, Loader SAWYER, BOOKKEEPER, etc.	Cereoral Neuronage	Audden
Aind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and this occupation).		
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation	Other Contributory Causes of importance;	
12. BIRTHPLACE (city or town) Charlette CO. (State or country)	Suppersension-	5 mis
13. NAME Napert Clarie		
13. NAME Sobert Clare 14. BIRTHPLACE (city or town) (State or country)	Name of operation Dato of What test confirmed diagnosis? Example Was there an a	nutopsy? 20.
15. MAIDEN NAME Jennil Mules	23. If death was due to external causes (VIOL ENCE) fill in also the following	:
15. MAIDEN NAME CANAL Mules 16. BIRTHPLACE (afty or town)	Accident, suicide, or homicide?	
17. INFORMANT wasel clarice (Address) 604) St. Jean. Pg.	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	e) ACE.
18. BURIAL, CREMATION, OR REMANDED TO Date DEC 3, 1934	Manner of Injury	
19. UNDERTAKER Same Hohase Hou (Address) 638. M. Sulmor &	24. Was disease or injury In eny way related to occupation of deceased?	us.
20. FILED ON 30 Th, 134/1/1 Hb Comica h	(Signed) Jours M. Vallet (Address) Mayrows Jours	4. neg-
Registrar.	ii (undiggs)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonițis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923		1 year

ADDITIONAL SPAC	E FOR FURTHER STATEM	ENTS BY PHYSICIAN	

V. S. No. 1

1. PLACE OF DEATH		(131)	
County Balto Co.		Registration Dist. No.	3
Village or City Par Kve	(1	ND. A Con Plant St., if death occurred in a horpital or inslitution, give its NAME instead of street of	and number)
Length of residence in city or town where death occ		sds. How long in U.S. If of foreign birth?yrs	mosds
2. FULL NAME Curua	S. Carley		
(a) Residence: No. aeton Rd.	Parkerille	- St., Ward.	
PERSONAL AND STATISTICAL	Sual place of abode)	If nonresident give city or town	
	SLE, MARRIED, WIDOWED.	M DATE OF BEATH	
Temale White	Wedowed	(Month) (Day)	, 193 4 (Yaar)
I. If mersied, widowad, es diverced		22.] I HEREBY CERTIFY, That I atten	ded decassed from
(or) WIFE of Verry Ca	reley	100.9 1034 to nor	25 1934
DATE OF BIRTH (month, day, and year) Man	4× 1866	I last saw h la aliva on 2007. 24 193	Le ; death is sale
AGE Yaars Months	Days If LESS than	to have occurred on the data stated above, at	
68 8	2/ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:	
8 Trade profession or particular	1 01	wate as follows.	Date of onse
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	our wife	Chromesnessited levente	@ 1931
9. Industry or business In which work was done, as SILK MILL,	Sell		/
SAW MILL, BANK, atc.		-	
1D. Date decaased last worked at this occupation (month and 493%)	11. Total time (years) spent in this occupation		
Ball		Dther Contributory Causes of Importanca:	3 day
2. BIRTHPLACE (city or town) Sall. (State or country)	wa.	Osland	Sucary
1 9 //	66		
25.17/10/2		Mana of accretion Noul	4
14. BIRTHPLACE (city or town) (State or country)	Kerowy	Name of operation Date What test confirmed diagnosis? Lyucal Was there	an autopsy? M
	•	23. If death was due to external causes (VIOLENCE) fill in elso the folio	
	4	Accident, suicide, or homicide? Date of injury	
15. MAIDEN NAME 16. BIRTHPLACE (city or town)		Where did Injury occur?	, 17
Danca . m	One.	(Specify city or town, county and Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC	State)
7. INFORMANT (Address) actor Rd -	Parkville		
8. BURIAL, CREMATION, OR REMOVAL	10 - 7%	Manner of Injury	
Place MH Olivet Data	Nov 27-1936	Natura of injury	1
19. UNDERTAKER W Cook		24. Was disaase or injury In any way ralated to occupation of dacaased	no
(Addrass) /2/7 SF /	aul of	If so, spacify	
20. FILED 11/27 1934 J. a.	Ftmo	(Signed) Amul Off Je	М.
70. FILEU	- J- AA/B-1///- A	(Address) (33) I worth as	mp /

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
GUDEAU V I			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		1

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF	F DEATH Baltimore				9	3-6			2.0
County Village or C	0-1	lle		No	Opitz			Dist. NoS	t Ward
Length of resi	idence in city or town where	death occurred	yrs,mo:	s8ds.	How long in U	S. if of fo	reign birth?	yrs	mosds.
2. FULL NA	ME Isa	abella Ra	msay Ecker						
(a) Residen	ce: No. 2804 Ec	dmond son (Usual place		St.,	Ward.		If nonresiden	at give city or tow	vn and State
	IAL AND STATIST	ICAL PART	CULARS		MEDICA	L CER	TIFICAT	E OF DEA	тн
s. sex Female	4. COLOR OR RACE White	OR DIVORCE	RIED, WIDOWED. D (write the word) OWEC	21. DATI	E OF DEA		Novemb	er 7	, 193×34 (Year)
5a. If married, widow HUSBAND of (or) WIFE of		son Ecker		22.	HERE			Y, That I att	ended deceased from
6. DATE OF BIRTH	(month, day, and year)	Tuly 9, 1	851	I last saw h.	QTalive			/	3.1.; death is said
7. AGE Yea	Months 3	Days 28	If LESS than 1 day,hrs. ormin.	The PRINCI	PAL CAUSE OF			ses of importance	
8. Trade, profes kind of w SAWYER,	ssion, or particuler work done, as SPINNER, BDDKKEEPER, etc.	None) UIIIIII.	were es foll	esteria.	Sc	leros	43	Date of onset
Work wes SAW MIL	business in which s done, as SILK MILL, L, BANK, etced last worked et pation (month and	spe	ime (years) nt in this upation		ion i con		as Car	3 R	
12. BIRTHPLACE (cit (State or cour		rick Coun	ty	Other Contr	ibutory Causes (of importar	nea:	0	0.0.16
13. NAME	Unknow	n Barnes		uc	une in			au.	20 Mil
14. BIRTHPLACE (State or	(city or town)	aryland						Det	4.
15. MAIDEN NA	ME Unkn	own						fill in also the fol	re an aulopsy?Cuc
	(city or town)M	aryland		Accident, su					, 19
17. INFORMANT	Mr Wilford G.			Specify whe	ther injury occu	rred in IN	(Specify city o DUSTRY, In H	or town, county as DME, or in PUBL	nd State) IC PLACE.
18. BURIAL, CREMAT Place Unit	onyille, Md.	Nov.	9 / 1934	Manner of in					***************************************
19. UNDERTAKER (Address)	1003 W. Bal	timore St	T.	24. Was disea		any way r	elated to occu	pation of decease	d? ma_
20. FILED NOS	7 , 1934 W	raishall	B bush	(Signed	_		<i>ll (3</i>	e Ave. C	M.D.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

CERTIFICATE OF DEATH	ATE OF MARYLAND-	ST
(87.E)		1. PLACE OF DEAT
Registration Dist. N	limore	County 13 el
No. Rosewood State Training	mys mills, and	Village or City Oa
death occurred in a hospital or institution, give its NAME install	or town where deeth occurredyrs	Length of residence in city
	Jocar Harrell	2. FULL NAME
' St Ward.	Charles Co mid	(a) Residence: Np.
If nonresident give city	(Usual place nf abode)	
MEDICAL CERTIFICATE OF I	STATISTICAL PARTICULARS	
21. DATE OF DEATH Nov 2	OR DIVORCED (write the word)	3. SEX 4. COLOR
(Month) (Da	the Single	5a. If married, widowed, or divorce
22. I HEREBY CERTIFY. Tha	0	HUSBAND of (or) WIFE of
march 2/, 1924, to Un	d vaar) July 31, 1922	
to have occurred on the data stated above, at 6:304m.	Months Days If LESS than	6. DATE OF BIRTH (month, day, 7. AGE Years
The PRINCIPAL CAUSE OF DEATH and related causes of imp	3 23 1 day,hrs.	12
were as follows:	ular Quarate: Rosenood	8. Trade, profession, or par
Nisseminated	1, atc. state framing	kind of work done, as
Sclerozio	MILL GO	9. Industry or business in work was dona, as SI SAW MILL, BANK, etc.
	at II. Total time (years)	10. Date deceased last work this occupation (mont
Other Contributory Conses of Importanca:	occupation	year)
000	harles Co., Mb.	12. BIRTHPLACE (city or town) (Stata or country)
Broncho- neumo	bh Tarrell	13. NAME Jose
Name of operation Zame	Charles Co. Jud	14. BIRTHPLACE (city or told
What tast confirmed diagnosis? Clinical W		(otate of country)
23. If daath was due to external causes (VIOLENCE) fill in also	ther Oliver	15. MAIDEN NAME 16. BIRTHPLACE (city or town
Accident, suicide, or homicide? Dete of le	Charles Co., md.	16. BIRTHPLACE (city or tow
Whare did injury occur? (Specify city or town, co	time Readi	(State or country)
Specify whather injury occurred in INDUSTRY, in HOME, or is	& State Training	17. INFORMANT (Address)
Manner of Injury	0 00	18. BURIAL, CREMATION, OR RE
Nature of Injury	Cem Date 11 ov. 24, 1934	Plece Roswood
24. Was disaasa or injury in any way related to occupation of o	line & Sons	19. UNDERTAKER
If so, specify	ratown M. d.	(Address) Risa
(Signed) Lenge (medar	34 N-W. Slage Registrar.	20. FILED (50 : 33 , 19
(Mudiass) (30-10-10-10-10-10-10-10-10-10-10-10-10-10	Acginiai.	

Registration Dist. No. 33 Training School
give its NAME ingread of street and number) ign birth?______ds. If nonresident give city or town and State IFICATE OF DEATH ERTIFY, That I attended deceased from 23, 1934 23 ,1934; death is said va. at 6:300m f related causes of importance Date of onset /IOLENCE) fill In also the following: Dete of Injury...., 19..... pecify city or town, county and State)
USTRY, In HOME, or In PUBLIC PLACE. ated to occupation of decaasad? 200

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
1	e e			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

-WRITE

20. FILEO 1604 21 , 19 34

V. S. No. 1 B

should state item of infor-

of OCCUPA-

1. PLACE OF DEATH	(52-6)
Village or City Calonnulle	No. Of the storm St., Warn
Length of residence in city or town where death occurred/yrsZmos	f death occurred in shorpital or institution, give its NAME instead of street and number)
2. FULL NAME anna Katherin tes	sher
(a) Residence: No. 350 & Hamilton (Usual place of abode)	St., Ward. Balto lund If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Uhile 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from 1933, to 21, 1934
6. DATE OF BIRTH (month, day, and year) Seft 20- 1860	I last saw how alive on 20, 1937; death is sai
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
74 2 1 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cerebral Hemonhace 14 de
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked at this occupation (month and	0
10. Oate deceased last worked at this occupation (month and 1932 spant in this occupation Solution Sol	
12. BIRTHPLACE (city or town) Ball	Other Coutributory Causes of importance:
(State or country) 13. NAME Seo Fescher	Certain Scheroses leuk
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Date
	What test confirmed diagnosis? Classical Was there an au'opsy?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
it, INFORMANT This Ressure (Address) 330 L Harling Not	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Oate Nov 24, 19-34	Manner of Injury
19. UNDERTAKER Philes Herry Sons (Address) 2016 Olean St	24. Was disease or injury in any way related to occupation of deceased?

STATE OF MARYLAND—CERTIFICATE OF DEATH

(Address) _____

Registrar.

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Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

RESERVED

V. S. No. 1

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TION is very important. See instructions on back of certificate.

STATE O	F MARYLAND-	CERTIFICATE OF DEATH	100
1. PLACE OF BEATH	mon	Registration Dist. No.	
Village or City & & 9ev	nere.	NO.S. Suyder are st.	War
Length of residence in city of town where d		If death occurred in a horpital or institution, give its NAME instead of street and numles, ds. How long in U.S. if of foreign birth?	ber)
2. FULL NAME Stil	I tom inte	aul (Prazier)	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and Stat	
PERSONAL AND STATISTI		MEDICAL CERTIFICATE OF DEATH	ie
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED WIDOWED, OR DIVORCED (Sorgie the word)	21. DATE OF DEATH (Month) (Day) (Day)	(Yaar)
5a If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attanded daca	
6. DATE OF BIRTH (month, day, end yaer)	LW. 28.34	19, to	, 19 eath is sai
7. AGE Yaars Months	Deys If LESS than 1 day, hrs.	to heve occurred on the date stated above, at	ete of onse
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.		Dtill tom intant	
kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc 1D. Date deceased last worked at		Premation	
1D. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	new aun	
12. BIRTHPLACE (city or town) Say	mere	Othar Contributory Causes of importance:	
E 13. NAM Harles J.	Prazier		
13. NAME Harls 1. 14. BIRTHPLACE (city or town) WT (State or country)	ilelling Va	Name of operation Data of	psy?
15. MAIDEN NAME Salce F	Frazier	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Salel Fr. 16. BIRTHPLACE (city or town) (State on country)	Thelling If ya	Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State)	., 19
17. INFORMANT Casel & H) (Address) Edger	nen	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	- 6
18. BURIAL, CREMATION, OR REMOVAL Place Level to John	Date Hopking	Mannar of injury	
19. UNDERTAKER Unatorni al	Laboratory	24. Wes disease or injury in any way related to occupation of daceesed?	
20. FILEB N. 29, 1934 4	M. Jamies (M. Registrar.	(Signed) (Address) Aparens Pon	W.

V. S. No. 1

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
C	ounty Balto.	Registration Dist. No. 143
Ville	age or City Overlea (No. , 7	Olo Buch St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and aumber.)
		MEDICAL CERTIFICATE OF DEATH
	PERSONAL AND STATISTICAL PARTICULARS	16 DATE OF DEATH
a s	male White White Single, Married Widoweb OR DIVORCED (Write the word)	Month (Day) (Yetr)
6 D	ATE OF BIRTH	Fuls 15 4, to Nov. 6 1984.
	Oct. 30 , 1894 (Year)	that I last saw ht malive on Nov. 14, 183.4.
7 AG	If LESS that I dayhrs. 1 dayhrs. or min.	The CAUSE OF DEATH % was as follows:
(a) (b)	CCEPATION a) Trade, profession or articular kind of workElectrician b) General nature of industry b) General nature of industry b) Harting to the control of the c	Contributory Hambo - analis obliteran
	FATHER Frank A. Freimuth	(Signed) M.D. Nov., 17, 197 4 (Address) 31.4 Medical Octo Bla
NTS	of Father (State or country)	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
PAREN	12 MAIDEN NAME OF MOTHER Bernadine Sanders	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or country) Md.	At place of death yrs. mos. da, State, yrs. mos. da. Where was disease contracted,
14 7	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Informant) Mrs. Bessie Freimuth	Former or usual residence.
	(Address) 7010 Beech Ave. Overles	- Tory Vaccences Van. J. A. C
15	Filed 11/18 19134 D. a. Fing M. D. Registrar	I. Hew M. Gally 130 E. From

if more blanks are needed, address State Registrar. 16 W. Saratoga St., Balto., Requestive V. S

11050

No. 1.

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative healthbusiness, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING BEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully cmdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material Spinner; (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many tion applies to each and every person, irrespective of fulness of various parsuits can be known. The queswhatever, write Nonc. tired 6 yrs.). For persons who have no occupation Housenwid, etc. If the occupation has been changed to report specifically the occupations of persons en-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

conditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal use of "Tumor" for malignant neoplasms); Measles; mges, peritonaeum, etc., Carcinoma, Sarcona, etc., of head of "contributory." (Recommendations on statequences (e.g., sepsis, tetanus) may be stated under the train-accident; Revolver wound of head-homicide; and qualify as accidental, suicidal, or Homicidal, or rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collupse," "Coma," "Concausing death), 29 ds.; Bronchopneumonia stated unless important. unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on Poisoned by carbolic acid-probably suicide. The na-Examples: as probably such, if impossible to determine definitely taken. For VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsious," (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. Whooping cough; Chronic valvular heart disease; (name orighn; "Cancer" is less definite; avoid of the injury, as fracture of skull, and conse "Debility" Accidental drowning; Struck by railway ("Congenital," "Senile," etc.), Example: Mcnsles (disease Always qualify all The contributory (second-

If this certificate is looked over thoroughly and all questions answered the train it will prevent further correspondence. All the data is essential and must be obtained before the certificate is paramently aled.

V. S. No. 1 N. B.

	infor-	state	UPA-	
1	Jo m	plnou	000	
X	ite	'V	of	
	MINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	l be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state)EATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	RD	IXS	sts	
	RECO	. PH	Exact	
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Z	NE	LO	ified	
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7	AF	red	perl	fica
F.	IS	sta	pro	Port
g	HIS	pe	pe	J.
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7	TH	ly s	lain	S
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	INI	pe	EA.	important Soe instructions on back of cortificate
	-	-	-	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-0
County Ballimore	Registration Dist. No.
Village or City Cultures	No. Wilkows + markon laborer I ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME Mrs. Mary Gallaghe	ei -
(a) Residence: No. Wilhens av - A Maiden Choice	Parst. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Funde White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Nov- 27 ,193 4 (Month) (Day) (Year)
a. If merried, widowed, or divorced HUSBAND of (or) WIFE of John Gallocher	22. I HEREBY CERTIFY. That I attended deceased from Nov 16 - 1934 to Nov 27 - 1934
DATE OF BIRTH (month, day, and yeer) My arch 64.1863	I last saw h-RA alive on Nov 26, 19 3 4; death is said
AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 9-5-1-Am.
5/ 8 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, At Land	Collebral Hemorrhage 11/16/34
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
1D. Date deceased last worked et this occupation (month and year)	
12. BIRTHPLACE (city or town) — Alland	Other Contributory Causes of importance:
13. NAME John Clownore	Valena Lungs worth
14. BIRTHPLACE (city or town).	Neme of operation Date of
(Stete or country) Seland	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Ellen Dolan	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Geland	Accident, suicide, or homicide? Date of Injury, 19
7. INFORMANT ami Cleaner	Where did injury occur?(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manage of Injury
Place New leathedrate /Vov. 30, 1974	Manner of Injury
19. UNDERTAKER William G. Schaeffer	24. Was disease or injury in any wey related to occupation of deceased?
10. FILED AN S. 1930 A September 1930 A	(Signed) 6. Gull Hall M. D.
Registrar.	(Address) /63/E'- North av

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DEC 8 1-1			
Other contributory causes of importance:	j	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

B

should state

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(4.2)
County Saltimore	Registration Dist. No.
Village or Cit Dase Hills but washing to	
Length of residence in city or town where death occurred wyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosmosds.
2. FULL NAME Priscilla Ll. Gardon	ion
(a) Residence: No. Bare Hills (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (registe the word) **Colored Order of Colored Order Order Order Order of Colored Order	21. DATE OF DEATH Soverelles (Month) (Day) (Year)
Sa. If married, widowed, or divorced HUSBANO of (or) WIFE of Fundamental Grandows	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 1. 157 1869	Hast saw her alive on Oct. 3/ 1934; death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4.30 A, m.
(65, 9 17 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Ejolthalmi Forthe Sutral
9. Industry or husiness in which	Regurgitation, Hypertrophy
Work was done, as SILK MILL, SAW MILL, BANK, etc	Torse Total acute
10. Date deceased last worked at this occupation (month and year) corupation	dilatation
12. BIRTHPLACE (city or town) Baltinge County	Other Coutributory Causes of importance:
(State or country)	Cheorin Bughto
13. NAME aquilla Scott	
14. BIRTHPLACE (city or town) Luaryland	Name of operation
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Crana Gaul	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city er town) Mayland (State or country)	Accident, suicide, or homicide? Date of injury, 19 Where did Injury occur?
17. INFORMANT John Jardamon (Address) Bare Tills het Washington	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place of Lother benefity Oate Nov. 1934	Manner of injury
m. G. a. H. Holla I	Nature of injury 24. Wes disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address) /63/ Died Hill ave	If so, specify
20, FILEO Nor 9-, 1904 Am P. Bulling. Registrar.	(Signed) Los Ist Valler M.D. (Address) Zut Washington Mel

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BURPAU V. E.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA-

V. S. No. 1

2. FULL NAME AND STATISTICAL PARTICULARS 1. SEX 1. COURD OR RACE 1. SINCEL MARRED WINDOWS D. 2. FULL NAME AND STATISTICAL PARTICULARS 1. SEX 1. COURD OR RACE 1. SINCEL MARRED WINDOWS D. 2. If HER EBY CERT I FY, That I attended seased from the solid of country of business in which the solid of th	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City. Towns (If death occurred in a hospital or instantion, give in NAME instead of attent and number) Length of residence in city or town where death geograph yrs mos. 6. How long in U. S. If of foreign birth? Yrs. Mard. 1. Normal State of the long in U. S. If of foreign birth? Yrs. Mard. 1. Normal State of the long in U. S. If of foreign birth? Yrs. Mard. 1. Normal State of the long in U. S. If of foreign birth? Yrs. Mard. 1. Normal State of the long in U. S. If of foreign birth? Yrs. Mard. 1. Normal State of the long in U. S. If of foreign birth? Yrs. Mard. 1. Normal State of the long in U. S. If of foreign birth? Yrs. Mard. 1. Normal State of the long in U. S. If of foreign birth? Yrs. Mard. 1. Normal State of the long in U. S. If of foreign birth? Yrs. Mard. 1. Normal State of the long in U. S. If of foreign birth? Yrs. Mard. 1. Normal State of the long in U. S. If of foreign birth? Yrs. Mard. Martin State of the long in U. S. If of foreign birth? Yrs. Martin State of the long in U. S. If of foreign birth? Yrs. Martin State of the long in U. S. If of foreign birth? Martin State of the long in U. S. If of foreign birth? Martin State of the long in U. S. If of foreign birth? Martin State of the long in U. S. If of foreign birth? Martin State of the long in U. S. If of foreign birth? Martin State of the long in U. S. If of foreign birth? Martin State of the long in U. S. If of foreign birth? Martin State of the long in U. S. If of foreign birth? Martin State of the long in U. S. If of state in the long in U. S. If of state in	1. PLACE OF DEATH	92:0)
Langth of residence in city or fown where death pacygred yrs mod ds. How long in U. S. II of foreign birth? yrs. mod ds. H	County (Battimore	Registration Dist. No.
Length of residence in city or town where death occurred. (a) Residence: No.		
(a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 8. SINCLE MARRIED, WIDOWED 15. Il Married, widowed, or divorced 15. Il Married, widowed, or divorced 15. Il Married, widowed, or divorced 15. Il HER EBY CERTIFY, That I attended decessed from 15. In Married, widowed, or divorced 15. In HER EBY CERTIFY, That I attended decessed from 16. In HER EBY CERTIFY, That I attended decessed from 17. In HER EBY CERTIFY, That I attended decessed from 18. BURNAL		
(a) Residence: No. Characteristic decision of towa and State PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVOKED With the word) 5a. If married, widowed, or divorced (Spalabard of Copulabard of Copulab		maje leksangka at liyakin faca alka aking likaki
PERSONAL AND STATISTICAL PARTICULARS 1. SEX 1. COLOR OR RACE OR DIVORCED (wint the word) Or DIVORCED (wint the w	(1) (1 /)	St Ward
21. DATE OF DEATH Country Count		
Finally White OR DIVORCED (write the word) Divorced (white the word) So. It married, victowed, or divorced (Month) (Month) (Oay) ILISS than I gas and the sold to be a secured on the date stated above, at 5.15 km. The PRINCIPAL CAUSE of And and related above at 5.15 km. The principal Cause of the analysis of the sold to have occurred on the date stated above, at 5.15 km. The principal Cause of the Analysis of the sold to have occurred on the date stated above, at 5.15 km. The principal Cause of the Analysis of the sold to have occurred on the date stated above, at 5.15 km. The principal Cause of the Analysis of the sold to have occurred on the date stated above, at 5.15 km. The principal Cause of the Analysis of the sold to have occurred on the date stated above, at 5.15 km. The principal Cause of the Analysis of the sold to have occurred on the date stated above, at 5.15 km. The principal Cause of the Analysis of the sold above, at 5.15 km. The principal Cause of the Analysis of the sold above, at 5.15 km. The principal Cause of the Analysis of the sold above, at 5.15 km. The principal Cause of the Analysis of the sold above, at 5.15 km. The principal Cause of the Analysis of the sold above, at 5.15 km. The principal Cause of the Analysis of the sold above, at 5.15 km. The principal Cause of the Analysis of the sold above, at 5.15 km. The principal Cause of the Analysis of the An		- A
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TAGE Years Months Oays II LESS than I day. hrs. or. min. or. or. min. or. or. min. or. or. or. or. or. or. or. or. or. or	HUSBAND of Henry German	
8. Trade, profession or particular 8. Trade, profession or particular 9. Industry or business in which SAWYER BOOKKEPER, etc. 9. Industry or business in which SAWYER BOOKKEPER, etc. 10. Date deceased last worked at this cocupetion (month and / 93) 11. Total time (years) spent in this 3 occupetion. 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL, GREMATION, OR REHIOVAL 19. UNDERTAKER 19. UN	7. AGE Years Months Oays If LESS than I day,hrs.	to have occurred on the date stated above, at 5:15 Pcm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
Other Courting Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL PlaceProspect Hill 19. UNDERTAKER 19. UNDERTAKER 10. The Courting Causes of Importance: 11. Under Courting Causes of Importance: 12. Under Courting Causes of Importance: 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL PlaceProspect Hill 19. UNDERTAKER	8 Trade profession or particular	The state of the s
Other Courting Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL PlaceProspect Hill 19. UNDERTAKER 19. UNDERTAKER 10. The Courting Causes of Importance: 11. Under Courting Causes of Importance: 12. Under Courting Causes of Importance: 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL PlaceProspect Hill 19. UNDERTAKER	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Vneumonia, laggartatie I wellage.
13. NAME 14. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL (REMATION, OR REMOVAL Place		Other Coutributary Causes of Importance:
What test confirmed diagnosis? Samual Comme Westhere an autopsy? The state of country was there an autopsy? The state of country to autoful the state of country the state of country to autoful the state of country the state of country to autoful the state of country the	(State or country) Darbson Ma	allogethers and
What test confirmed diagnosis? Samual Comme Westhere an autopsy? The state of country was there an autopsy? The state of country to autoful the state of country the state of country to autoful the state of country the state of country to autoful the state of country the	I 3. NAME Unknown	
Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE. (Address) 604 Bosly We 18. BURIAL, CREMATION, OR REMOVAL Place Prospect Hull Oate World 19, 1934 Nature of injury Nature of injury 19. UNDERTAKER What I Book (Address) We related to occupation of deceased? 24. Was disease or injury in any way related to occupation of deceased? (Specify city or town, county and State) Specify whether injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE. (Specify whether injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE. (In Inoustry occurred In INOUSTRY, In HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE. (In Inoustry occurred In INOUSTRY, In HOME, or in PUBLIC PLACE. (Specify whether injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE. (Specify whether injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE. (Signed) Specify city or town, county and State)	(State of country)	20
(Address) 604 Bosley W. 18. BURIAL, CREMATION, OR REMOVAL Place Prospective Control of the Cont	(State of County)	Accident, suicide, or homicide? Date of injury, 19
19. UNDERTAKER W. M. Book (Addiess) W. J. J. David So 24. Was disease or injury in any way related to occupation of deceased? W. S. If so, specify (Signed) John M. D. (Address) Towan, M. D.	(Address) 604 Bosley ave 18. BURIAL, CREMATION, OR REMOVAL	
20. FILEDATT LE 1907 Al Registrar. (Address) Town, Md		24. Was disease or injury in any way related to occupation of deceased?
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	Och Registrar.	(Address) Towton, Md.

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To be complete, an occupation return must state:

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10.—The month and year the deccased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DURSAU V.4.	1		
Other contributory causes of importance:		Other contributory causes of importance:	DEM L
Gallstones	May 1,1923	Gastroenteritis	1 year

Ä

certificate.

item of infor-

1. PLACE C		2. 3-311		18-2	2 &
County	Baltimore			Registration Dist. No. O	
	City Towson, sidence in city or town where		yrs, 1 mos	No. Sheppard & noch Pratt Hospital f death occurred in a hospital or institution, give its NAME instead of street and s. 8 ds. How long in U.S. If of foreign birth? yrs.	Number) mos. ds.
2. FULL NA	AME Miss Ma	ary Ella G	ill		
(a) Reside	ence: No. 3018 Art	nah Avenu (Usual place	e, Balto.,	MGL, Ward. If nonresident give city or town an	d State
PERSO	NAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MAR OR DIVORCE STREET	RfED, WIDOWED, D (write the word)	21. DATE OF DEATH November (Month) (Day)	, 193 4 (Year)
5a. If married, wide HUSBAND of (or) WIFE of	owed, or divorced			22. I HEREBY CERTIFY, That I attended October 10 , 19 31, to November 18	
6. DATE OF BIRTH	(month, day, and year)	lay 7, 185	2	Hast saw her alive on November 18 ,134	; death is said
7. AGE Y	ears Months	Days	If LESS than f day,hrs. ormin.	to have occurred on the date stated above, a 6: 55. Pam. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date ol onset
9. Industry of work w SAW M 10. Date deceithis oc	work done, as SPINNER, F.R. BDDKKEEPER, etc	ff. Total t	hool teach	er Hypostatic pneumonia (secondary)	2-3dey
12. BIRTHPLACE (orej or tomijeeeeee	more, Mar	yland	Bilateral hydrothorax Terminal fibrinous pericarditis	2-3
13. NAME	Nicholas G	Hill		Senile dementia, generalized	years
	CE (city or town)	Baltimore,	Maryland	erteriosclerosis Date of Mame of Operation Date of What test confirmed diagnosis? Was there an	autoney? Ye
置 15. MAIDEN N	IAME Morry E31	a Richard	907	23. If death was due to external causes (VIOLENCE) fill In also the following	
O 16. BIRTHPLA		timore, M		Accident, suicide, or homicide? Date of injury Where did injury occur?	, f9
f7. INFDRMANT (Address)	Hospital rec	ords		(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	
18. BURIAL, CREM	ATION, DR REMOVAL	Date ///	v-2/,103f	Manner of Injury	
f9. UNDERTAKER (Address)	1908 Ento	Smith	ed.	24. Was disease or injury In any way related to occupation of deceased? If so, specify	J
20, FILEDNEY	19 104	Alm Ob	Dellar Registrar	(Signed) Arthur E. Pattrell	M. D

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 2.

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Example I	10	Example II	
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Chronic interstitial neghritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of impostance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Ğastroenteritis	1 year

: ;	V. S. No. 1	KGIN	KESEKVI	Q I	RGIN RESERVED FOR BINDING
ż	N. B.—WKITE PLAINLI, WITH TOFABING INK—THIS IS A PERMANENT RI	CNFADIA	NG INK—T	HIS	IS A PERMANENT RI
(mation should be carefully supplied. AGE should be stated EXACTLY.	supplied.	AGE should	pe	stated EXACTLY.
7	CAUSE OF DEATH in plain terms, so that it may be properly classified. Ex	in terms, so	that it may	pe	properly classified. Ex
	TION is very important. See instructions on back of certificate.	see instructi	ons on back	of c	ertificate.

V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH	11062
1. PLACE OF DEATH	8270	10-
County Baltimore	Registration Dist. No.	56
Village or City Lower	No. St	Ward
	If death occurred in a hospital or institution, give its NAME instead of street an s	nd number)
2. FULL NAME Madoral Suntan	state of the state	.11103us.
(a) Residence: No. Presby turian Forme (Usual place of abode)	St., Ward. If nonresident give city or town a	and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Frite the word) 5a. If merried, widowed, or divorced	21. DATE OF DEATH YOUR, (Osty)	, 193.34 (Year)
HUSBANO of (or) WIFE of	22. CHEREBY CERTIFY, That I attended	ed deceased from
6. DATE OF BIRTH (month, day, and year)	Hast saw h. exalive on law 16, 193;	4 deeth is said
7. AGE Years Months Days If LESS than 1 day,hrs	to heve occurred on the dete stated above, atm,	and a second
14 ormin.	were as follows:	Oate ol onset
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEFPER, etc	apollery	10/15
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (work) and this programmer and the second last worked at this occupation (work) and the second last worked at this occupation (work) and the second last worked at this occupation (work) and the second last worked at this occupation (work) and the second last worked at the second last worked		
2 Shauf III fulz		
12. BIRTHPLACE (city or town) Harford Co. (State or country)	Other Contributary Canses of importance: Arthrib Heleroses	seuls
# 13. NAME Itm. a. Suy ton		
14. BIRTHPLACE (city or town) Harford Cope	Name of operation Date of	
(State or country)	Whet test confirmed diegnosis? Was there as	
15. MAIDEN NAME College Shearman 16. BIRTHPLACE (city or town) Balto Cop	23. If death was due to external causes (VIOLENCE) fill in also the following	ing:
O 16. BIRTHPLACE (city or town) Balta . Con (State or country)	Accident, suicide, or homicide? Oate of Injury	, 19
17. INFORMANT Mrs. Marion C. Hill	Where did injury occur? (Specify city or town, county and Signify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC F	tate) PLACE.
18. BURIAL, CREMATION, OF REMOVAL PIece Marglaure 2mg Oate Nov. 19, 1934	Menner of injury	
19. UNDERTAKER John O. Mitchell Tomos (Address) 1900 Eulaw 191	24. Was disease or injury in any way related to occupation of deceased?	w
20. FILED FOR 19, 1934 Jun P. Buller Registrar.	(Signed) Hurffellur (Address) Zarragen (Al	D .M. O.

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Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—V

STATE OF MARYLAND—	CERTIFICATE OF DEATH	10.5
1. PLACE OF DEATH		
County Daltemots	Registration Dist. No. 30	
Village or City Catonsirle Opren	e No. Trove Hospital st	Ward
Length of residence in city or town where death occurred 5 yrs. 0 mos	death occurred in a horpital or institution, give its NAME instead of street and s	number)
2. FULL NAME Harvey B 2Ras	00	
(a) Residence: No. 2416 C Nachman (Usual place of About)	St., Ward. Balto . If nonresident give city or town and	d State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word)	21. DATE OF DEATH (Month) (Dev)	, 193 44
5a. If married, widowad, or divorced HUSBAND of		(Yaar)
(or) WIFE of annay Hall	22. HEREBY CERTIFY, Thet attended	decaasad from
6. DATE OF BIRTH (month, day, and year) June 7-1885	020019	19.5.4
7. AGE Years Months Days If LESS than	to have occurred on the date stetad abova, at 10 -P m.	; deeth is seid
1/C 1/ n 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causas of importance	
Z Trade, profession, or perticular	wara as follows:	Date of onset
SAWYER, BOOKKEEPER, etc		
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked et this occupation (month and	appendicitis	1 week
SAW MILL, BANK, etc	Ruptured	4
this occupation (month end spent in this occupation	allosees.	1 Week
12. BIRTHPLACE (city or town) Backange	Other Contributory Causes of Importence:	
(Stata or country)	Lobe	11-
13. NAME Richard H. Fall	Nefta Calmea	week
13. NAME (Rechard H. Fall 14. BIRTHPLACE (city or town). Dall	Nama of operation Date of	
(State or country)	What test confirmed diagnosis? Was there an	1.
15. MAIDEN NAME Wat Garetta C. James 16. BIRTHPLACE (city or town) Sultura	23. If deeth wes due to external ceuses (VIOLENCE) fill In also the following	
[16. BIRTHPLACE (city or town) Duet un on	Accident, suicide, or homicide? Dete of Injury	
(State or country)	Whare did Injury occur?	
17. INFORMANT MAS. W. P. Davis Jy (Address) 4305 many M	(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury	
Place Touchon Vach Dete 0 0 3 , 1934	Nature of injury	
19, UNDERTAKER W 9 I Jakony & Sond	24. Was disaese or Injury In any way related to occupation of deceasad?	20.
(Addrass) Mout r Pa	If so, specify	
20. FILED 1/2 193 Indian	(Signed) ROOF E yoursett	M. D.
30 Registrar	(Address) . Co - 1 10 0	1

If more blanks are needed, Address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.

1. PLACE OF DEATH	<u> </u>
County Baltimore	Registration Dist. No. 38
Village or City Rufton Mush	No Sellowa (see St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in pity or town where death occurredyrs	mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.
2. FULL NAME John Middletite	Hanson
WB all	St. Ward.
(a) Residence: No. / / Selection (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWE OR DIVORCED Consideration of Mark Market Consideration of the Constant of t	21. DATE OF DEATH Movemby 22, 19334 (Month) (Day) (Year)
5a. If morried, widowed, or divorced HUSBAND of (or) wife date Mund I Hapson	22. 1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Selft 2 1863	I lest saw him alive on 200 22 , 19 5 ; death is said
7. AGE Yaars Months Days If LESS th	
69 2 ormin	
Z Trade, profassion, or particular Rind of work done as SPINNER R	apr 17/3
kind of work done, as SPINNER, R. R. SAWYER, BOOKKEEPER, etc	le acomonia of Profite
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Dete decessed lest worked et this occupation (month and	
year) occupation	Other Contributory Canses of Importance:
12. BIRTHPLACE (city or town)	
(State or country) bluch Ma.	
13. NAME (1. 1810 W HOSSON 14. BIRTHPLACE (city or town) (State or country)	
14. BIRTHPLACE (city or town)	Name of operation Dete of
(State of Country)	Whet test confirmed diagnosis? Wes there an au'opsy?
15. MAIDEN NAME COM Madelor hide	leton 23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicida, or homicide?Data of injury, 19
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT PASS BALCHUM	Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Piece Foundon Park & Dete Mov 24, 19	Nature of Injury
Alale line of Co	24. Was disease or injury in any way releted to occupation of deceased?
19. UNDERTAKER ALLE LINE WAS COLOR DA	If so, spacify
C. 24 M. Mu. D. A. Th.	(Signed) M. Drawwill M. D.
20. FILED Nor 17, 19) 4	(Address) Printen - ne l

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Exam	ple I	1	Example II	
The principal cause of death of importance were as follows: Arteriosclerosis		Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	製 ト	1921	Run over by street car	1 week ago
Cerebral hemorrhage	28 198	July 5,1927	Peritonitis ·	3 days ago
Other contributory cause, of	> 1		Other contributory causes of importance:	
Gallstones	<u> </u>	May 1,1923	Gastroenteritis	1 year
	Andrea of his control hought bould of			

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Guistones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL :	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N
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V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	108
County Dally.	Registration Dist. No. 43
Village Dr City Fullevley.	NoSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Many	Harvey Can March !
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (carried the word)	21, DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end yeer) 7. AGE Years Months Days If LESS Wan 1 day,	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH end related causes of importance
B. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month end this progration (month end specific property).	Date of onset 1 Hypoplatie Claryestean The Grant of the Control
year) occupetion 29	Solow freeumania Messamue
12. BIRTHPLACE (city or town) (State or country)	country divisation not stated.
13. NAME Processing Harry Ballo	
14. BIRTHPLACE (city or town).	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Wes there en autopsy?
15. MAIDEN NAME Panelia Wallace. 16. BIRTHPLACE (city or town) Balliman. (State or country)	23. If death wes due to externel causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?
17, INFORMANT Lugur Gollins (Address) Fullular.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place Sullivarian Date 200. 6, 1935	Manner of injury
19. UNDERTAKER MAY Cork (Address) Pro Pand & Prestan.	24. Was disease or injury In eny way related to occupation of deceased?
20. FILED Jev 4, 1934 SA, Interest	(Signed) Systate 4 Full M. D. (Address) 650 Belani Aff
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
1			

•	4	

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 1 (If death occurred in a hospital or institution, give its NAME in-stead, of street and nymber.) of certif stated PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT 5 SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH 3 SEX MARRIED. WIDOWED OR DIVORCED Write the word) (Month)(Day) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH had Charas that (Day) (Year) Ilf LESS than 7 AGE and that death occurred on the date stated above, at ... 4. I day hre. The CAUSE OF DEATH pplie or min.? Ш OCCUPATION RESERV (a) Trade, profession or A particular kind of work (b) General nature of industry d business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE ARGIN Secondary (State or country) (Duration) Q W OB 10 NAME OF FATHER (Address) & 1. 1. ft. amillow 11 BIRTHPLACE OF FATHER the Disease Causing Death, or, in deaths from SUS Z Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country) ш CA 4 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER 0 0 ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER ...yrs.....mos,... (State or Country) 00 Where was disease contracted, if not at place of death?. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE hol Item sho Every Item CIANS sh statement usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS Filed If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more present abover, Farm laborer, Laborer—Coal mine, etc. Womlaborer, Farm laborer, Laborer—the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery. (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to cach and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons en-Physician, Compositor, For many occupations a single word or term on For persons who have no occupation Architect,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (*erebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria | avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia");

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"Inanition," "Marasmus, VIII 1859;
> "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles, (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association approved by (Recommendations on statement of cause of carbolic acid—probably suicide. Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (mcrcly symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condiinterstitial cough; or intercurrent) affection need not be Committee on nephritis, Chronic valvular heart disease The nature of the injury, etc. openelature The contributory

If this certificate is locate over thoroughly and all questions answered in death, it will be event further correspondence. All the data is essential and must be obtained before the certificate is permanently fixed.

state

should

OCCUPA-

of

1. PLACE O

2. FULL NA (a) Reside PERSON

5a. If married, wido HUSBAND of (or) WIFE of

6. DATE OF BIRTH

12. BIRTHPLACE (city or town) (Stata or country)

15. MAIDEN NAME

(Address) 18. BURIAL, CREMATION,

19. UNDERTAKER (Address)

(State or country)

(Stata or country)

13. NAME

3. SEX

7. AGE

OCCUPATION

FATHER

MOTHER

item of infor-

		RGIIN	The state of the s	L V TE	E D	FOR	RGIN RESERVED FOR BINDING	
-WRITE PLAINLY, WITH CNFADING INK-THIS IS A PERMANENT REC	ITH	NFADI	NG II	VK-T	SIH	IS A F	ERMANENT	REC
mation should be carefully supplied. AGE should be stated EXACTLY. P	illy su	pplied.	AGE	should	be	stated	EXACTLY	. P
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exac	plain	terms, so	that	it may	pe	properl	y classified.	Exac
TION is very important. See instructions on back of certificate.	. See	instruct	ions o	n back	of c	ertifica	te.	

STATE O	F MAR	YI AND-	CERTIFICATE	OF DEA	TH	11008
	,,,,,,,		(37)			1 1 1/1/2/
				Registration (Dist. No. 37	2
	P.O.		No Sudbrook Pa		St	Ward
ence In city or town where d	eath occurred	3 yrsmos				
	,Md.		St., Ward.	If nonresident s	rive cily or town	and State
AL AND STATISTI	CAL PART	ICULARS	MEDICAL	CERTIFICATE	OF DEATH	1
4. COLOR OR RACE White	OR DIVORCE	D (write the word)	21. DATE OF DEATH	November	6 (Day)	1934 (Year)
	uise Head	1		BYCERTIFY	7. That I attend	ded deceased from
nonth, day, and year)	May 17.18	350.				; death is said
	I9 Days	If LESS than 1 day,hrs. ormin.				Date of onset
	Baltimore y Pikesville ence In city or town where d E Francis e: No. Baltimore AL AND STATISTI 4. COLOR OR RACE White d, or divorced Henrietta Lou	DEATH Baltimore y Pikesville P.O. ence in city or town where death occurred E Francis M. Head e: No. Baltimore, Md. (Usual place AL AND STATISTICAL PART 4. COLOR OR RACE White Widow d, or divorced Henrietta Louise Head nonth, day, and year) May 17.18 Months Pays	Baltimore y Pikesville P.O. ence In city or town where death occurred 3 yrs. mo TE Francis M. Head e: No. Baltimore, Md. (Usual place of abode) AL AND STATISTICAL PARTICULARS 4. COLOR OR RACE (Usual place of abode) White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower d, or divorced Henrietta Louise Head nonth, day, and year) May 17.1850. S. Months Days If LESS than 1 day, hrs.	Baltimore y Pikesville P.O. No. Sudbrook Pa (If death occurred in a horpital or instead or inste	Baltimore y Pikesville P.O. No. Sudbrook Park. (If death occurred in a horpital or institution, give its NAME ance in city or town where death occurred a yrs	Baltimore y Pikesville P.O. No. Sudbrook Park. No. Sudbrook Park. St., (If death occurred in a horpital or institution, give its NAME instead of street a ds. How long in U.S. if of foreign birth? yrs. Mos. How long in U.S. if of foreign birth? yrs. Mos. How long in U.S. if of foreign birth? yrs. May. St., Ward. (Usual place of abode) AL AND STATISTICAL PARTICULARS 4. COLOR OR RACE White OR DIVORCED (write the word) Widower d. or divorced Henrietta Louise Head Alternative Louise Head 22. I HEREBY CERTIFY. That I attend October 30 1904, to Nov.66 Illust saw h malive on Nov.5th 134 To have occurred on the date stated above, at 8.30 a.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance

8. Trade, profession, or particular kind of work done, as SPINNER, Nothing Chronic Myocarditis and Nephritis SAWYER, BODKKEEPER, etc ... 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 1D. Date deceased last worked at 11. Total tima (years) this occupation (month and years not for years spent in this occupation ... Baltimore Md. Washington Head Baltimore Name of operation... 14. BIRTHPLACE (city or town) What test confirmed diagnosis? clinical Was there an autopsy?_____ Unknown 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of injury______ 19___ 16. BIRTHPLACE (city or town). Where did injury occur?____ (Specify city or town, county and State) Mrs Clara Greenly Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 103 N. Carey St. Baltimore Md. Manner of Injury Natura of injury 24. Was diseasa or injury in any way related to occupation of deceased? 100. If so, specify (Signad) (Address) Pikesville-Md. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	i i	Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH County	ate	STATE OF MARYLAND—	CERTIFICATE OF DEATH
County SALLAM Registrating Dist. No. 30 Village or City. SALLAM SALLAM Registrating Dist. No. 30 Village or City. SALLAM SALLAM Registrating Dist. No. 30 Langth of residence in the whole is institution, aver an NAME inspect of interies and sumber? Langth of residence in the whole is death occurred	st UF	1. PLACE OF DEATH	2
Village or City Statement (It death occurred in a hopstal or institution, giv-is NAM) instand of index and another) Langth of residence jet it y or thorn where death occurred	F 1	County Daltimore	Registration Dist. No. 30
Langh of residence frelly of lown where death occurred. 2. FULL NAME ANALY CONTROL OF STATES OF	shot of O		
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Sa. If married, widowed, or divorced HUSENID (Day) Was there an autopay) Manner of injury Nature of injur	EC P P Xac		
HUSBAND of (cr) vite of 5. DATE OF BIRTH (month, day, and year) Nov. 1 3 44 7. AGE Years Months Days If LESS than 1 day,	1 × 1	UNA OR DIVORCED (write the word)	1/07. / 1984
S. PARE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day,	C T iffe	HUSBAND of	22 I HEDERY CERTIES That I have for
S. PARE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day,	MA A lass	(or) WIFE of	n ~ 1 311.
T. AGE Years Months Days If LESS than 1 day, — hrs. still Manner of injury — Manner of in		6. DATE OF BIRTH (month, day, and year) Nov. 134	
SANTER BORKEPER, etc. 9 Industry or business in which work was done, as SPINNER, SAWER, BORKEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10 O of began to be a second	od erly icat		12-
SANTER BORKEPER, etc. 9 Industry or business in which work was done, as SPINNER, SAWER, BORKEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10 O of began to be a second	S tate		wore se follows:
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17. INFORMANT CONTROL OF THE PUBLIC PLACE. (Address) Control of the public place of the public place. (Address) Control of t	NE Se C	(State or country) Mguna	
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		20. FILED NOV 5, 1934 marshall Blush	(Signed) / M. M. M. M.
			and the

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastrocnteritis	1 year

OCCUPA.

statement

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B.

Registrar. (Address) _____ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. 1 0222C

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Cerebral hemorrhage	DEC 5 1934	July 5, 1927	Perilonilis	3 days ago
	GIINFAL V. S.	>		
Other contributory ca	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
			aper to the state of the state	

STATE OF MARYLAND—CERTIFICATE OF DEATH

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A	4	V	4	A

1	. PLACE O	F DEATH Baltimore			82-00	
	County Village or C	ity Catonsvil	le		No. 11 Overbrook Road St.	Ward
		dence in city or lown where		1 3_yrsmos	death occurred in a hospital or institution, give its NAME instead of street and nds. How long in U.S. If of foreign birth?ma	
2	. FULL NA			a Hergeshe		
	(a) Residen	ce: No. 11 OVE	CUsual place	of abode)	VI.St.,e Ward. If nonresident give city or town and	State
	PERSON	IAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.	Female	4. COLOR OR RACE White	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH November 23 (Month) (Day)	, 193 <u>4</u>
5a.	If married, widow HUSBAND of (or) WIFE of	ed, or divorced			22. 2 I HEREBY CERTIFY. That I attended	2 1/
6.	DATE OF BIRTH	(month, day, and year)	tober 22,	1850		; death is said
-	AGE Yea		Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 1.10A.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	T. C. C.
NOI	kind of v	R. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. NONE			Exceled Hemenhage	Date of onset
OCCUPATION	9. Industry or work was SAW MIL	business in which s done, as SILK MILL, .L, BANK, etc				
000	this occu	ed lest worked et pation (month and	spe	ime (years) nt in this upation		
12.	BIRTHPLACE (cit (State or cour	ty or town) Frede	erick Maryland		Other Cautributory Causes of importence:	
ER	13. NAME	James He	ergesheime	er		***********
FATHER	14. BIRTHPLACE (State or	country)	lerick Maryland		Name of operation Date of What test confirmed diagnosis? Was there an a	utonsy?
IER	15. MAIDEN NA	ME M. Cathe	erine Hend	derson	23. If death wes due to external ceuses (VIOL ENCE) fill in elso the following	
MOTHER	16. BIRTHPLACE (State or	(city or town) Fred	lerick Maryland	ī	Accident, suicide, or homicide?	, 19
	(Address)	r. Rebert W. 11/Oyerbrook	Road. Cat	Jr. consville	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18.	Place	rederick, Md	Por Nov.	26 , 19 34	Manner of injury	
19.	UNDERTAKER (Address)	1003 Bal	timore St		24. Was disease or injury in any way related to occupation of deceased?	no
20.	FILED.	Z6193K.	lexte	Registrar.	(Signed) Cury Lane, Ten Hills	M. D.
		If more	blanks grenseled	address State Kegistrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year
	EE		

PHYSICIANS should state NFADING INK-THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA-Exact statement stated EXACTLY. properly classified. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied. B.-WRITE PLAINLY, WITH V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	10.2
1. PLACE OF DEATH	93,00	
County Baltimore	Registration Dist. No. 30	> _
Village or City Catonarle	No Spreng Sono Hospital	Ward
(If	death occurred in a horpital or institution, give its NAME instead of street and	number)
Length of residence in city or town where deeth occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsm	10sds.
2. FULL NAME JOHN NO Form	antil.	
(a) Residence: No. 4602-Bellavier (Usual place of abode)	Source Ward. Dalto. Muli nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 284	. 193 4
5e. If married, widowed, or divorced	(Month) (Dey)	(Yéer)
HUSBAND of Mollie Hoffenana	22. 1 HEREBY CERTIFY, Thet i attended 21. 1934, to 28	
6. DATE OF BIRTH (month, dey, and yeer) Ook 20/18 7	Tiest sew h Amelive on 2 284 1934	
7. AGE Years Months Days / If LESS than	to heve occurred on the dete steted above, at & P. m.	
59 / - 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importence were as follows:	15.
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked et this occupation (month and		Date of onset
9. Industry or business in which work was done, as SILK MILL,	Chr. Mocarditia	7day
SAW MILL, BANK, etc. Lenknow re		- July
- Spelle III (III)		-
yeer)	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) 1 (State or country)		
	artero Schoroso	Iday
E 2	w Climbe May chosia	Idag
14. BIRTHPLACE (city or town). (Stete or country)	Neme of operation Dete of	
	What test confirmed diegnosis? Wes there an e	
15. MAIDEN NAME Carling Dehmidt 16. BIRTHPLACE (city or town)	23. If deeth wes due to externel ceuses (VIOL ENCE) fill in elso the following Accident, suicide, or homicide?	
2 16. BIRTHPLACE (city or town) (Stete or country) (Stete or country)	Where did injury occur?	, 19
17. INFORMANT Mrs Moklie Hoffmann	(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	e) ACE.
18. BURIAL CREMATION, OR REMOVAL	Manage of total	
Piece London Park Dete NUV 30 1934	Menner of injury	
C. M-CIHA.		4
(Address) 2700 6 drum of some Ame	24. Wes disease or injury in any wey releted to occupetion of deceased?	60
14/10 12/	(Signed) Add Samet	M D
20. FILED Registrar.	(Address) Datoniarlo In	Ld.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	1	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes Date of of importance were as follows:			
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

1 8 4 4 5 1	STANDARD CERTIF	FICATE OF DEATH
f inford stat	1 PLACE OF DEATH Ballemore	State Manyland Registered No. 444
should of i	Township Hort Honaid on	r Villageor
- 10 %	CityNo.	Houtle ONE St., Ward
Sicians	L. O. I H	- an a lospital of histothering, give its name instead of street and nimites)
Si Ci	2 FULL NAME LESSESSIVE CONCENTRALES	enough from
PHYS	(a) Residence. No. +000000	29 ds. How long in U. S., If of foreign birth? yrs. mos. ds.
7 H . W	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ENT CTL Med.	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	16 DATE OF DEATH (month, day, and year) New. 24, 1934
ANE	Mall White Sungle	17 HEREBY CERTIFY, That I attended deceased from
2 2 3	5a If married, widowed, or divorced HUSBAND of (or) WIFE of	Nov. 23 ,1934, to May 24, ,1934,
DER lated	1	that I last saw him alive on Ture 23 , 1934,
A S A S	7 AGE Years Months Days If LESS than	and that death occurred, on the date stated above, at Li allow.
0 - 0 0	- 2 3-9 idey,hrs.	The CAUSE OF DEATH* was as follows:
rHIS ihoui may l		Tatent townen Ovale
1 1 2 5	8 OCCUPATION OF DECEASED (a) Trade, profession, or	
AG AG	particular kind of work	7 1.4
NG.	(b) General nature of industry, business, or establishment in	(duration) yrs, 2 mos, 2.7 ds,
ADII Plie	which employed (or employer)(c) Name of employer	(SECONDARY) (duration) yrs mos ds.
NF/NF/NF/NF/NF/NF/NF/NF/NF/NF/NF/NF/NF/N	9 BIRTHPLACE (city or town) Stulion Hospital.	18 Where was disease contracted if not at place of death?
S S S	(State or country) But howers Hort, Hawal Ma	Did an operation precede death? M.O Date of
in p	10 NAME OF FATHER Coseph andun Jackson	Was there an autopsy?
be carting ports	11 BIRTHPLACE OF PATHER (city or town) Deed le Mills.	What test confirmed diagnosis?
IN I S DEA	(State or country) Lemsylvania	(Signed) Helle (Signed) M.D.
PLA Shoul OF D	2 12 MAIDEN NAME OF MOTHER DOS this Deiter	19 (Address) = T. How and, rude
日でのこ	(State or country) Tansulume	* State the Disease Causino Death, or in death; from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)
WRIT WRIT Matio CAUS	14 Informant Jaseph a Jackson,	19 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
S. N. S. N.	(Address) Fertle Our Ft Howard Mid	Fort Jeoge 5, mead center hor 26 1934
Z.	15 FILM 24 19344 FYW Cornics m D	20 UNDERTAKER ADDRESS
Van.	11-3194 REGISTRAR	Nohnt Denny 71520 gar 9

REVISED UNITED STATES STANDARD GERTIFICATE OF DEATH

[Approved by U.S. Census and American Public Health Association]

have no occupation whatever, write None. cated thus: Farmer (retired, 6 yrs.). of illness. If retired from business, that fact may be indithe DISEASE CAUSING DEATH, state occupation at beginning occupation has been changed or given up on account of service for wages, as Servant, Cook, Housemaid, etc. If the cifically the occupations of persons engaged in domestic school or At home. Care should be taken to report speor At home, and children, not gainfully employed, as Al definite salary), may be entered as Housewife, Housework, household only (not paid Housekeepers who receive a Day laborer, Farm laborer, Laborer-Coal mine, "Dealer," etc., Never reburn terial worked on may form part of the second statement examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grecery; (a) Foreman, (b) Automobile factory. The mastatement; it should be used only when needed. As and therefore an additional line is provided for the latter work and also (b) the nature of the business or industry, employments, it is necessary to know (a) the kind of fireman, etc. sufficient, e. g., Tarmer or Planter, Physician, Compos-ster, Architect, Locomotive engineer, Civil engineer, Stationary occupations a single word or term on the first line will be each and every person, irrespective of age. various pursuits can be known. The question applies to tion is very important, so that the relative healthfulness of Women at home, who are engaged in the duties of the Statement of occupation.—Precise statement of occupa-But in many cases, especially in industrial "Laborer," "Forcman," "Manager," without more precise specification, as For persons who For many

10 ds. Never report mere symptoms or terminal condi-tions, such as "Asthenia," "Anemia" (merely symptom causing death), 29 ds.; Bronchopneumonia (secondary), tributory (secondary or intercurrent) affection need not heart disease; Chronic interstitual nephritis, etc. neoplasms); Measles; Whooping cough; Chronic valvular cer" is less definite; avoid use of "Tumor" for malignant cinoma, Sarcoma, etc., of nite); Tuberculosis of lungs, meninges, peritoneum, etc., Car-Bronchopneumonia ("Pneumonia," unqualified, is indefi-(never report "Typhoid pneumonia"); Lobar pneumonia; gitis"); Diphtheria (avoid use of "Croup"); Typhoid fever the same disease. and causation), using always the same accepted term to Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time be stated unless important. Example: Measles (disease synonym is "Epidemic ccrebrospinal menin-Examples: Cerebrospinal fever (tho only (name origin; "Can-

> homicide; Poisoned by carbolic acid—probably suicide. The mature of the injury, as fracture of skull, and consequences DEATHS state MEANS OF INJURY and qualify as ACCIDENTAE, SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible ing from childbirth or miscarriage, as "Pumpenal septiof the American Medical Association.) cause of death approved by Committee on Nomenclature "Contributory." (Recommendations on statement of (o. g., sepsis, tetanus) may be stated under the head of Struck by railway train-accident; Revolver wound of headto determine definitely. Examples: Accidental drowning. which surgical operation was undertaken. For violent cemia," "PUERTERAL paritonitis," etc. tained as the cause. Always qualify all diseases result-"Weakness," etc., when a definite disease can be ascertion," "Marasmus," "Old age," "Shock," "Uremia," atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Lnani-Stato causo for

Norg.—Individual offices may add to above list of underirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulcions, hemorrhage, gangrene, gastriits, crysipelas, manufitis, miscarriage, nerosis, peritonitis, phiebitis, pyenia, septicenia, tetanus." But general adoption of the uninimum list suggested will work wast improvement, and its scope can be exhanded at a later date.

11-31

Additional space for further statements by physician.

	nfor- state JPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	·	1. PLACE OF DEATH	(210-00)
	ould occ	County Balta	Registration Dist. No. 38
180		Village or City Parkvelle	No. St Wa
TAI	.= 0 /	(If	death occurred in a hospital or institution, give its NAME instead of street and number)
	Every CIANS ement	Length of residence in city or town where death occurred 12 yrs	ds. How long in U.S. if of foraign birth?yrsmost
	Every CIANS tement	2. FULL NAME Waisy Thorrice Jelle	4
	XD.	(a) Residence: No. 18 Info daids and	St, Ward.
B	RECORD, Every PHYSICIANS Exact Statement	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
	RECO PH Sxact	3. SEX, 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
		OR DIVORCED (write the word)	Mars 1 100 4
10	ed.	5e. If married, widowed, or divorced	(Month) (Day) (Yaar)
NI N	CCSiff	HUSBAND of Cory WIFE of Cory WIFE of	22. I HEREBY CERTIFY. That I attended decessed from
BINDI	X A X A class	Edward geller	, 19, 19, 19, 19, 19
BI	junet a	6. DATE OF BIRTH (month, dey, and year after 20 1898	1 last saw h; death is sa
OR	IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than	to have occurred on the data stetad above, etm.
FO	IS state or of sertifications	36 7.6 // I day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance wase es follows:
		8. Trada, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	By an automobile strikeing
9	r HII	SAWYER, BOOKKEEPER, etc. Sausaucte 9. Industry or business In which	This woman Causeing 11/1/
R	NK-T should it may n back	NO I lade deceased last worked at 11 Total time (vocas)	hay weath at 715 press //
ESERVED	INK sh it		
RE	(T)	this occupation (month end spant in this occupation	
H 17	NFADING pplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) Baltimars	Other Contributory Causes of importance:
ZI.	AD d. s, s	(State or country) md	De la
R	UNF. pplie term: term:	II 13. NAME Chas Leaser	the about the
8	D 1 4 "	13. NAME Thas traser 14. BIRTHPLACE (city or town) Balto	Name of operation
Part .		(State of country)	Name of operation Date of What tast confirmed diegnosis? Was thara an autopsy?
	WITH efully in plai	15. MAIDEN NAME AD not know	23. if daeth was dua to externel causes (VIOL ENCE) fill in also the following:
_	4 2	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Accident Date of Injury Nov / 1934
6	AINLY, d be ca DEATH y import	X (State or country)	Whare did injury occur? Parkwells
	AII d b DE	17. INFORMANT I hour call to tullastan	(Specify city or town, county and State) Specify whether injury occurred in NDUSTRY, in HOME, or in PUBLIC PLACE.
	E PLA should OF D	(Address)	on Harford Rd of Deboise av
	sh E O is	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Molay Car.
		Please Preface of Management Date WF. D., 1997	Neture of injury
=	mation CAUS TION	19. UNDERTAKER Lassalus Max gir Pd.	24. Wes disease or injury in any way related to occupation of deceased?
No.	B	(Address) tullerlow	If so, spacify
vi.	2	20. FILED 11 /1 1934 Q. W. Bacon	(Signed) Commend J. Dry au J. M.
100	A	Registrar.	(Addrass) Journaul Mills

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	J. Ay 5, 1927	Peritonitis	3 days ago		
	ON G				
Other contributory causes of importance:	1	Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
	1				

	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	
DN a. M. 1	acous ronounced Mrs Jeller Dead	
		Т

V. S. No. 1

item of infor-

of OCCUPA-

STATE (OF	MARYL	AND-	-CERTI	FICATE	OF	DEATH
FATH							

1. PLACE O	F DEATH		• ,		23)	
County	Baltim	ore			Registration Dist. No. 32	
Village or City Mt. Wilson					No. Tuberculosis Senatoriumit, f death occurred in a hospital of institution, give its NAME instead of street as	Ward
Length of residence in city or town where death occurred 1 yrs 6 mos				1 vr. 6 ma	f death occurred in a horpital or institution, give its NAME instead of street at	nd number)
2. FULL NA					syrsyrsyrs	_mosds.
			ry B. J			
(a) Residen	ice: No.	DeTi	nar, Ma (Usualplace	of abode)	St, Ward. Wicomico Coun If nonresident give city or town of	ty.
PERSON	AL AND S	TATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Male	4. COLOR OR Whit		OR DIVORCE	RtED, WtDOWED. D (write the word) ried	21. DATE OF DEATH November 29th.	193 4 .
5a. If merried, widow			Mai	1160	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of		May	y Jeste	r	22. I HEREBY CERTIFY, That I ettend	ed deceased from
			,		May 4th 1933 to November	29 19 34
6. DATE OF BIRTH				14, 1882	Hast saw him elive on November 29th, 1934	4_; deeth is seid
7. AGE Yes		Months	Days	If LESS than	to heve occurred on the data steted above, at 4.10A_m.	
51		11	15	ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:	Date of onset
kind of y	Trade, profession, or particular kind of work dona, as SPINNER, Clergyman SAWYER, BOOKKEEPER, etc			an	737	
4 9. Industry or	business in which	h			Pulmonary tuberculosis	Nov.
SAW MIL	s done, as SILK A LL, BANK, etc					1932
to. Date decees	ed lest worked e petion (month en	t d 3076	- enai	ime (yaars) Un-		
year)				pation known	Other Contributory Causes of importance:	
12. BIRTHPLACE (ci	ty or town)	Chinec	teague	-\$		
(Stata or cour		Virgir J. Je			Diabetes Mellitus	1904
13. NAME	ипоец					
14. BIRTHPLACE	(city or town)	Chir	coteag	ue,		6/16/34
1			rinia Willi	o ma	What test confirmed diagnosis? X-ray, and was there a	
H		Coox	getown		23. I dear Was due to external causes tviol Enge Filt if and the follow	
O 16. BIRTHPLACE	(city or town) country)				Accident, suicide, or homicide? Date of injury	, 19
- DOLLANDIO					Where did injury occur? (Specify city or town, county and S	tate)
17. INFORMANT (Address)		t. Wil		. z d .	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	PLACE.
18. BURIAL, CREMA	440		10		Menner of injury	***************************************
Plece_Cu	alu Can	releny.	_Date	1938	Nature of Injury	
19. UNDERTAKER	Class	20	1 desi	llow	24. Was disease or injury in any wey related to occupation of deceased?	No
(Address)	C	lest.	topeo	and.	If so, specify	
20, FILERON 9	9 1931	4 11	PU.O.	Myse	(Signed) John C. Juilly	м. D.
	/			Registrar.	(Modress) Mt. Wilson, Md.	

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

V. S. No. 1

of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	1	13	*	1
1	1	U	0	5,1

County Balth, Gr. Village or City Asta Town Share Man Mo. Length of rasidence in city, or town where death occurred the Length of rasidence in city, or town where death occurred the Length of rasidence in city, or town where death occurred the Length of rasidence in city, or town where death occurred the Length of rasidence in city, or town where death occurred the Length of rasidence in city, or town where death occurred the Length of rasidence in city, or town where death occurred the Length of rasidence in city, or town where death occurred the Length of rasidence in city, or town where death occurred the Length of rasidence in city, or town where death occurred the Length of rasidence in city, or town where death occurred the Length of rasidence in city, or town where death occurred the Length of rasidence in city or town and State PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) HUSSANO of (cor) Wife of American for the Length of Color of Cor) Wife of American for the Length of Color of Cor) Wife of American for the Length of Color of Cor) Wife of American for the Length of Color of Cor) So. If marriad, widowad, or divorced HUSSANO of (Month) (Day) 199 / (Month) (Day) 22. 1 HER EBY CERTIFY, That I attanded daceased from the date stated clove, at. 1, 32, fml. 1 Less than 1 day
Village or City Act Town where death occurred to the word (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of rasidence in city, or town where death occurred to the word of the street and number) Length of rasidence in city, or town where death occurred to the word of the street and number) Length of rasidence in city, or town where death occurred to the word of the street and number) Length of rasidence in city, or town where death occurred to the word in a horpital or institution, give its NAME instead of street and number) Length of rasidence in city, or town where death occurred to the word in a horpital or institution, give its NAME instead of street and number) Length of rasidence in city, or town where death occurred to its a horpital or institution, give its NAME instead of street and number) Length of rasidence in city, or town where death occurred to its a horpital or institution, give its NAME instead of street and number) Length of rasidence in city, or town where death occurred in a horpital or institution, give its NAME instead of street and number) Length of rasidence in city, or town where death occurred in a horpital or institution, give its NAME instead of street and number) Length of rasidence in city or town and State Length of rasidence in city or town where also beautifully in the self of street and number) Length of rasidence in city or town where also beautifully in the self of street and number) Length of rasidence in city or town and State Length of foreign birth? Length of foreign birth
Length of rasidence in city or town whera death occurred to the second of the second o
2. FULL NAME Such to the State of abode) (a) Residence: No. Martin Torbin for State St., Ward. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) HUSBANO of (or) WIFE of State St
(a) Residence: No. North Torus Out Price I All St., Ward. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (rurite the word) HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Mard. (Usual place of abode) S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (rurite the word) (Month) (Wonth) (Wonth) (Day) (Yaar) 1 HEREBY CERTIFY, That I attanded daceased from to have occurred on the date stated ebove, at 12.20 m. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("awrite the word) 5a. If marriad, widowad, or divorced HUSBANO of (or) WIFE of OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (Day) (Yaar) 22. I HEREBY CERTIFY, That I attanded daceased from 1 to have occurred on the date stated ebove, at 1 2 2 2 m. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: Oate of onset
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("urite the word) 5a. If marriad, widowad, or divorced HUSBANO of (or) WIFE of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years MEDICAL CERTIFICATE OF DEATH (Month) (Day) (Yaar) 22. I HEREBY CERTIFY, That I attanded daceased from 1 day, to 1 day 1 death is said to have occurred on the date stated ebove, at 1 2 2 day 1 death is said to have occurred on the date stated ebove, at 1 2 2 day 1 death is said to have occurred on the date stated ebove, at 1 2 2 day 1 death is said to have occurred on the date stated ebove, at 1 2 2 day 1 death is said to have occurred on the date stated ebove, at 1 2 2 day 1 death is said to have occurred on the date stated ebove, at 1 2 2 day 1 death is said to have occurred on the date stated ebove, at 1 2 2 day 1 death is said to have occurred on the date stated ebove, at 1 2 2 day 1 death is said to have occurred on the date stated ebove, at 1 2 2 day 1 death is said to have occurred on the date stated ebove, at 1 2 2 day 1 death is said to have occurred on the date stated ebove, at 1 2 2 day 1 death is said to have occurred on the date stated ebove, at 1 2 2 day 1 death is said to have occurred on the date stated ebove, at 1 2 2 day 1 death is said to have occurred on the date stated ebove, at 1 2 2 day 1 death is said to have occurred on the date stated ebove, at 1 2 2 day 1 death is said to have occurred on the date stated ebove, at 1 2 2 day 1 death is said to have occurred on the date stated ebove, at 1 2 2 day 1 death is said to have occurred on the date stated ebove, at 1 2 2 day 1 day
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word) 5a. If marriad, widowad, or divorced HUSBANO of (or) WIFE of Sex and Sex a
OR DIVORED (write the word) 5a. If marriad, widowad, or divorced HUSBANO of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Days If LESS than 1 day, hrs. or min. OR DIVORED (write the word) (Month) (Day) (Yaar) 22. I HEREBY CERTIFY, That I attanded daceased from 1 last saw hours ative on 1 last saw hours at last saw hours ative on 1 last saw hours ative on 1 last saw hours at last sa
5a. If marriad, widowad, or divorced HUSBANO of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin. Date of onset Other profession or activities Outhor (Month) (Day) (Yaar) (Yaar) 1 lest saw heart alive on
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day, hrs. or min. 1 day, hrs. or min. 1 day or min.
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Days If LESS than I day,hrs. ormin. Less than
7. AGE Years Months Days If LESS than to have occurred on the date stated above, at 1/2/20 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Oate of onset
7. AGE Years Months Days If LESS than to have occurred on the date stated above, at 1/2/20 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Oate of onset
The PRINCIPAL CAUSE OF DEATH end ralated causes of importance were as follows:
Oate of onset
SAWYER, BOOKKEEPER, atc. S. Industry or businass in which work wes dona, as SILK MILL, SAW MILL, BANK, atc.
3. Industry or businass in which work wes dona, as SILK MILL, SAW MILL, BANK, atc
SAW MILL, BANK, atc.
U 10. Data decessed last worked at 11. Total time (vaars)
O 10. Data deceesed last worked at this occupation (month and yaar) spant in this occupation occupation
R alta C a Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) 1 All Maria (State or country)
I TO SHOW TO STORE THE STO
(State or country) Name of operation Moralary out frostals Oate of Clay 3.7
What tast confirmed diagnosis? Cifette of cellular was there are entered.
23. If daath was dua to external causes (VIOL ENCE) fill in also the following:
where did injury occur? (Specify city or foun counts and Stan)
17. INFORMANT Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE. (Addrass) Market Transfer of the Control of the Cont
18. BURIAL CREMATION OR REMOVALITY OF THE PROPERTY OF THE PROP
Place 18 as and Rest Compress March 19 31
Natura of Injury
19. UNOERTAKER 13 MANUAL MANUEL STATE 24. Was disease or Injury In any way ralated to occupation of dacasad? (Address) 18 me 8 das 58 MC 13 and 18 me and 18
150, specify
20. FILEO NOV /7, 1944 Now O Gitter (Signad) Muth Helli M. D. Registrar. (Address) Pairson III
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
So is			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
(S			

or- A-	
sts SUP	1. PLAC
of plud	County
tem sho	Village
NS NS	Length
Eve SIAI	2. FULL
CORD. Every item of infor- PHYSICIANS should state of statement of OCCUPA-	(a) Re
THE SCO	PERS
RE CAN	3. SEX
53	70.
ERMANENT RECORD. Every EXACTLY. PHYSICIANS classified. Exact statement is.	5a. If married, HUSBAND (or) WIFE
1.8.No.1 1. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	6. DATE OF BI 7. AGE
S S Late	
D FIS I	8. Trade, kind
VE-TH	9. Industr
K-K-	SAN ODE 9. Industr wor SAN 10. Dete do
IN I	O this
A AC	12. BIRTHPLAC
AD AD ed.	(State o
NF NF oplic erm inst	13. NAME
WRITE PLAINLY, WITH UNFADING INK_THIS mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of	13. NAME 14. BIRTHP
VIT fully r pla	15. MAIDEN
r, V aref aref H in rtan	O 16. BIRTHP
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LAII Id b DE DE	17. INFORMANT
Pl hou OF	(Addres
ITE on s SE V is	Plane
WR WR AU TON	19. UNDERTAKE (Address
S. No. 1	(Address
S. H.	20. FILED

STATE OF MARYLAND— 1. PLACE OF DEATH	-CERTIFICATE OF DEATH
County Balting	Registration Dist. No. 30 —
Village a City Catonarele	No Africa Ima Hole TOO Was
Length of residence In city or town where death occurredyrs,mo	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. If of loreign birth?yrs
2. FULL NAME Chang Och Co	,
(a) Residence: No. 506 C. Can Co.	04 W. 1 B - De
(Usual place of abode)	St, Ward. Self- If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Temale Waite undon	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY, That I attended deceased Iron
(or) WIFE of lenteron	Sept 27, 1934 to 20 20, 1934
6. DATE OF BIRTH (month, day, end year) 2061 157 1854	I lest saw helive on
7. AGE Years Months Days 11 LESS than	to have occurred on the date steted above, at 1125 A.m.
75 2 5 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importence were as follows:
8 Trade profession or particular	Date of onee
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Cla Myocardetia /mo
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc	
10. Dete deceased lest worked at	-
this occupation (month and year)	
12. BIRTHPLACE (city or town) Baltanion	Other Contributory Causes of importance;
(State or country)	arterio Schrain / me
13. NAME lom Raider	Cerile Paychois /me
13. NAME Com Raider 14. BIRTHPLACE (city or town) Baltman	Neme of operation Dete of
(State of country)	Whet test confirmed diegnosis? Wes there en eutopsy?
15. MAIDEN NAME Clava anderson	23. If deeth was due to externel ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME Quita Quidenson 16. BIRTHPLACE (city or town) Ballum	Accident, suicide, or homicide? Dete ol injury19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Var Ca Affeiser	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 506 V. Certley of 18. BURIAL, CREMATION, OR REMOVAL	
Place 3 worst Cempate 122 1924	Manner of Injury
SCHWARTA DI CON X	Neture of Injury.
19. UNDERTAKER (Address)	24. Wes disease or injury In any way releted to occupation of deceased?
11/20 20/10	If so, specify (Signed) (Signed)
20. FILED 193 Registrar.	(Address) Cartana Alle 2014
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car Peritonitis	Date of onset 1 week ago 1 week ago 3 days ago
Run over by street car	1 week ago
	-
Peritonitis	3 days ago
	go ago
Other contributory causes of importance	
Gastroenteritis	1 year
	Other contributory causes of importance: Gastroenteritis

STATE OF MARYLAND M. D. B. 1268-9 HEALTH DEPARTMENT-Every item of SIANS should statement of CERTIFICATE OF DEATH Mieldleborough) Registered No. (If death occurred a hospital or institution, give its NAME instead of street and number.) Exact 2. FULL NAME ... (a) Residence: No..... (Usual place of abode) (If non-resident give city or town and State) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. Color or Race 5. Single, Married, Widowed. 21. DATE OF DEATH (month, day, year) or Divorced (write the word) of certifi That I attended deceased from 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Death is said to have occurred on the date stated above, at 6,30 m. 6. DATE OF BIRTH (month, day, year) The principal cause of death and related causes of 7. AGE Months Days If LESS than Date of onset 1 dayhrs. ormin, 8. Trade, profession, or particular kind of work done, as spinner. sawyer, bookkeeper, etc 9. Industry or business in which work was done, as silk mill. saw mili, bank, etc... 16. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation ... 12. BIRTIIPLACE (city or town) (State or country) impor 13. NAME Name of operation ... 14. BIRTHPLACE (city or town) What test confirmed diagnosis?....Was there an autopsy?. (State or country) 23. If death was due to external causes (violence) fill in also the foi-15. MAIDEN NAME Accident, suicide, or homicide?..... Date a injury. 16. BIRTHPLACE (city or town) Where did injury occur?..... (State or country) (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public 17. INFORMANT (Address) Manner of injury. 18. BURIAL, CREMATION, OR REMOVAL Nature of injury .. 24. Was disease or injury in any way related to occupation of deceased? (Address) Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

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Examples:

Example I		Example II	
The principal cause of death and relate causes of importance were as follows:	ced Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclcrosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by strect car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
DELIGIBLE STEW			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year

WRITE

V. S. No. 1

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92-00
County Ballinge	Registration Dist. No.
Village or City Kaus Corons	No. Suller Spring Rost, Ward
Length of residence In city or town where death occurred 10 yrs	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long In U.S. if of foreign birth?yrs,mosds.
2. FULL NAME James Frank	lin Kino
(a) Residence: No. Luly Visite	Rel Word
(Usual place of above)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Wale Charte Carried the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of	
(or) WIPE or Such Eking.	22. I HEREBY CERTIFY, That I attanded deceased from
6. DATE OF BIRTH (month, day, and year) Jan 17. 1880	I last saw h Les alive on LOV 5 1934; death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at Pm.
54 9 /9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
Z Trade, profession, or particular kind of work done, as SPINNER, Car Repairman	Carbal Embolism 10/4
SAWYER, BOOKKEEPER, etc.	(Kt Hemplesia)
work was done, as SILK MILL, DY O . IV	
10. Date deceased last worked at Low spent in this occupation (month and year) 11. Total time (years) spent in this occupation 30 compation 30 compa	
12. BIRTHPLACE (city or town) Wheeling WVa	Other Contributory Causes of Importance:
(State or country)	arterio Sclerois. 7
13. NAME John K, King	•
13. NAME John K. Purg 14. BIRTHPLACE (city or town) Wheeling W.Va.	Name of operation Date of Date of
(State of country)	What tast confirmed diagnosis? Cure Was there an autopsy? Le
± (1.1 // 1.2 / 1.	23. If daath was due to axtarnal causes (VIOLENCE) fill in also the following:
2 16. BIRTHPLACE (city or town)	Accident, suicida, or homicide?
Y, IN FORMANT Uses Jones F. King (Address)	Specify only or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Millersulle-Md. allio Data Nov. 8th, 1934	Nature of Injury
19. UNDERTAKER Charles J. Schwalt.	24. Was disaase or Injury In any way related to occupation of dacaasad?
(Addiass) 505 n. Thomas St.	If so, specify
20. FILED 1890 7 193 193 11 11 11 11 11 11 11 11 11 11 11 11 11	(Signad) Tham Wheely M. D.
Registrar.	(Address) 2910 Stolling ferry R.
15 more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting J. S. No. S. Louis

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhoge	July 5, 1927	Peritonitis	3 days ago
10000			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year
**			

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. __St.,____ (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence In city or town where dean occurred yrs. 4 mos. 26 ds. How long In U.S. if of foreign birth? yrs. ds. (Usual place of abode) If nonresiden give city or top n and State MEDICAL CERTIFICATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Day) 22. HEREBY CERTIFY. That I attended deceased from neesse Months Davs If LESS than

2. FULL NAME (a) Residence: Np. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Yeers 1 day. hrs. The PRINCIPAL CAUSE OF DEATH and releted causes of importance 0 or____min. Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, OCCUPATION SAWYER, BDDKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc 10. Date deceesed lest worked at on 11. Total time (years) this occupation (month and spant in this occupation _____ 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town Name of operation (State or country) What test confirmed diagnosis?_____ Was there en au'opsy?____ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury_______19___ 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury Nature of Injury____ 24. Was disease or injury In any way related to occupation of deceased? If so, specify

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Example 1		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEV. 8 1545			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Registrar.

If more blanks are nocaed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		li	Example II	
The principal cause of death of importance were as follow Arteriosclerosis	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	A)	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
Other contributory causes of	importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
torauthorization & Change age and date of buthesel
letter filet under Gabrett 11/9/34 9.5.

V. S. No. 1 B of OCCUPA-

STATE OF MARYLAND	CERTIFICATE OF DEATH	00
1. PLACE OF DEATH	- (V20)	
County Baltimote	Registration Dist. No. 30 -	_
Village or Gity Contourselle Affre	No. Strove Al Hospital St., f doubt occurred in a hospital or institution, give its NAME instead of street and number	Ward
Length of residence in city or town where death occurredyrsmos		ds.
2. FULL NAME Jennie Leather B.		
(a) Residence: No. Crishield In	A St. Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Sa. If married, widowed, or divorced HUSBAND of	21. DATE OF DEATH (Month) 2 2 4 , 193 4 (Y	(eer)
HUSBAND OF (or) WIFE of	22. I HEREBY CERTIFY, That I ettended decease 23, 1932-to Nov 22, 19	ed from
6. DATE OF BIRTH (month, day, and yeer) Nov. 27-1837	I last saw he alive on Nov . 27 , 1934; death	h is seid
7. AGE Years Months Days If LESS that	to heve occurred on the date steted above, at 4 Pm.	
96 11 25 or hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importence were es follows:	
8. Trede, profession, or parlicular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date	otonset
kind of work done as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked et this occupation (month and	Chr. Endo Cardetes 23	yes.
10. Date deceased lest worked et this occupation (month end yeer)		
12. BIRTHPLACE (city or town) Orskell (Stete or country)	Other Contributory Causes of Importence:	
	altero-Scherosia 20	Yra.
II 13. NAME John Cullen	Seule Rychosis 21	yro.
13. NAME John Cullent 14. BIRTHPLACE (city or town)	Neme of operation Date of	
(Stete or country)	What test confirmed diegnosis? Was there an europsy	?
I 15. MAIDEN NAME Martha Ward	23. If deeth was due to external ceuses (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?, 16	9
(State or country)	Where did Injury occur?	
17. INFORMANT delta Whitten grown (Address) Orighical mid	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury	
Plece John Ten Date 1/14 ,1904	Neture of Injury	
19. UNDERTAKER John-& Mitchell Sous.	24. Was disease or injury in any way related to occupation of deceased? Ho	4
(Address / 1900 Entant Black-	If so, specify	
20. FILED 11/2 2 19) All hydrene	(Signed) Wolf . E. Jarrett	M. D
Registrar	(Address) Of Las 21200 m	1

If more blanks are heered, addre to Stage Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

3.50

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Ω.

Langth of residence in city or town where death occurred in a horpital or institution, give its NAME instead of street and number) 2. FULL NAME Lillie May Lewis (a) Residence: Np. 4 Burke Ave. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX Female 4. COLOR OR RACE White OR DIVORCED (write the word) Harried 5. If married, widowed, or divorced HUSBAND of (Or) Wife of John E. Lewis, Jr. 6. DATE OF BIRTH (month, day, end yeer) April 5, 1883. 7. AGE Yeers Months Deys If LESS than 1 dey. hrs. (If death occurred in a horpital or institution, give its NAME instead of street and number) 4. Ward. Ward. 1. Ward. 1. Married May Lewis St., Ward. 1. Married MEDICAL CERTIFICATE OF DEATH 2. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF BIRTH (month, day, end yeer) April 5, 1883. 1. Itest sew h	1. PLACE OF DE	ATH			(46)	
Langth of residence in city or town where death occurred in a horpital or institution, give its NAME instead of street and number) 2. FULL NAME Lillie May Lewis (a) Residence: No. 4 Burke Ave • (Chual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3.5EX Pemale 4. COLOR OR RACE OR PRIVORCEO (write the word) HISTAPHACE (city or town) and year) 5. If married, wildowed, or divorced HUSBANG (er) Wife of John B. Lewis, Jr. 5. DATE OF BIRTH (month, day, end year) April 5, 1885 e 7 17 1 dey, hus or. min. 2. FILL NAME Lillie May Lewis (A) Residence: No. 4 Burke Ave • (Chual place of abode) St., Ward. MEDICAL CERTIFICATE OF DEATH HOVEMBER 22, (Month) (Day) (Yet 193 4 (Nonth) (Day) (Yet 194 10 fereign birth? yrs. mos. MEDICAL CERTIFICATE OF DEATH HOVEMBER 22, (Month) (Day) (Yet 22. 1 HEREBY CERTIFY, that I ettended decassed (Nonth) (Day) (Yet 23. Indext, or besides in a horpital or institution, give its NAME instead of street and number) Medical Certification of the detailed courses of importance Were est follows: Date of Wind of work done, as SPINNERHOUSE WIFE SAWWILL, BANK, etc. (S) Industry or business in which Langth of work done, as SPINNERHOUSE WIFE (S) Industry or business in which Langth of work done, as SPINNERHOUSE WIFE SAWWILL, BANK, etc. (S) Industry or business in which Langth of work done, as SPINNERHOUSE WIFE (S) Industry or business in which (S) Industry or business	County 12a	ltime			Registration Dist. No. 01	
2. FULL NAME Lillie May Lewis (a) Residence: ND. 4 BURKE AVE & Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX Pemale 4. COLOR OR RACE 'Nite Of BUNDOKED (carriet the word) Married wished, or divorced HUSBAND of (cor) WIFE of John B. Lewis, Jr. 6. DATE OF BIRTH (month, day, end yeer) April 5, 1885 . 7. AGE Yeers Months Deys If LESS than 7 lots, wish of was done, as SILK MILL, SAW MILL, BANK, etc. 8. Trede, profession, or petiticular wish of was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete decessed last worke det this occupation (month and yeer) work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete decessed last worked et this occupation (month and yeer) work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years) spant in this occupation (month and yeer) work was done, as SILK MILL, SAW MILL, BANK, etc. 12. BIRTHPLACE (city or town) (State or country) Marryland 13. NAME William P. Clautice 14. BIRTHPLACE (city or town) (State or country) Marryland 15. MAIDEN NAME Annie Klutch 16. BIRTHPLACE (city or town) (State or country) Marryland 16. BIRTHPLACE (city or town) (State or country) Marryland 17. Mere did injury occur? (Seeds city or town) (State or country) Marryland 18. Trede, profession, or petiticular with the seeds of the date steed chove, etc. 2 Jam. 19. J.			eath occurred f	(If e_yrs,mos	death occurred in a hospital or institution, give its NAME instead of street and numb	
PERSONAL AND STATISTICAL PARTICULAS 3. SEX PEMBLE SINGLE MARRIED, WIDOWED, OR DIVORCED (write the word) PEMBLE SINGLE MARRIED, WIDOWED, OR DIVORCED (write	2. FULL NAME	illie May	/ Lewis			
3. SEX Permale 4. COLOR OR RACE ON DIVORCED Contrict the word) 3. SINGLE, MARRIED, WIDOWED. OR DIVORCED Contrict the word) 3. Harried (Month) (Day) 3. SEX Permale 1. S. SINGLE, MARRIED, WIDOWED. OR DIVORCED Contrict the word) 3. Harried (Month) (Day) 4. SAM HILL, SAW MILL, BANK, etc. 5. Divoker or country) 3. Trede, profession, or perticular kind of work done, as SPINRHOUSE Wife SAWER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete decessed last worked et this occupation (month and yeer) 12. BIRTHPLACE (city or town) (Stete or country) Maryland 13. NAME William P. Clautice 14. BIRTHPLACE (city or town) (Stete or country) Maryland 15. MAIDEN NAME Annie Klutch 16. BIRTHPLACE (city or town) (State or country) Maryland 16. BIRTHPLACE (city or town) (State or country) Maryland Where did injury occur? (Specify city or town, country and State) Where did injury occur? (Specify city or town, country and State)	(a) Residence: No	4 Burke	(Usual place	of abode)		
Female white OR Divorced Contribution (Not) 55. If married, widowed, or divorced HUSBAND of (or) Wife of John B. Lewis, Jr. 65. DATE OF BIRTH (month, day, end yeer) April 5, 1883. 77. AGE Yeers Months Deys If LESS than 177 1 dey. hrs. or min. 86. Trede, profession, or perticular kind of work done, as SPINNER HOUSE Wife SINKER FROKEPER, etc. 97. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 97. Industry or business in which were es follows: 107. Detail time (yaars) spant in this occupation (month and yeer) 108. Trede, profession, or perticular kind of work done, as SPINNER HOUSE Wife SINKER FROKEPER, etc. 97. Industry or business in which were es follows: 108. Trede, profession, or perticular kind of work done, as SPINNER HOUSE Wife SINKER FROKEPER, etc. 97. Industry or business in which were es follows: 109. Industry or business in which were es follows: 100. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were es follows: 109. Industry or business in which were es follows: 109. Industry or business in which were es follows: 109. Industry or business in which were es follows: 109. Industry or business in which were es follows: 109. Industry or business in which were es follows: 109. Industry or business in which were es follows: 109. Industry or business in which were es follows: 109. Industry or business in which were es follows: 109. Industry or business in which were did injury occur? 109. Industry or business in which were did injury occur? 109. Industry or business in which were did injury occur? 109. Industry or business in which were did injury occur? 109. Industry or business in which were did injury occur? 109. Industry or business in which were did injury occur? 109. Industry or business in which were did injury occur? 109. Industry or business in which were did injury occur? 109. Industry or business in which were did injury occur? 109. Industry or business in which were estill declessed late were estill decless teled eh	PERSONAL A	ND STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
6. DATE OF BIRTH (month, day, end yeer) April 5, 1883. 7. AGE Yeers Months Deys If LESS than 1 dey, hrs. or min. 8. Trede, profession, or perticular kind of work done, as SPINNEHOUSE Wife SAWYER BOOKKEPER, etc. 9. Industry or business in which work was done, as SIK MILL, SAW MILL, BANK, etc. 10. Dete deceased last worked et this occupation (month and yeer) 12. BIRTHPLACE (city or town) (Stete or country) Maryland 13. NAME William P. Clautice 14. BIRTHPLACE (city or town) (Stete or country) Maryland 15. MAIDEN NAME Annie Klutch 16. BIRTHPLACE (city or town) (State or country) Maryland 16. BIRTHPLACE (city or town) (State or country) Maryland 17. AGE Yeers Months Deys If LESS than 1 dey, hrs. or min. 19. I lest sew h Cit eliva on 1 year / 19. It is to have occurred on the dete steted chove, et. 2 / 1m. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were es follows: Date of the deet steted chove, et. 2 / 1m. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were es follows: Date of the deet steted chove, et. 2 / 1m. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were es follows: Date of the deet steted chove, et. 2 / 1m. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were es follows: Date of the deet steted chove, et. 2 / 1m. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were es follows: Date of the deet steted chove, et. 2 / 1m. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were es follows: Date of the deet steted chove, et. 2 / 1m. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were es follows: Other Contributory Causes of importance were estated courses of importance were estated causes of importance were estated courses of importance were estated causes o	Female	"hite	OR DIVORCES	(write the word)	November 22,	4 (Yaer)
T. AGE Yeers Months Deys If LESS than 1 7 1 dey. hrs. or min. 8. Trede, profession, or perticular kind of work done, as SPINNER House Wife SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BARK, etc. 10. Dete deceased last worked et this occupation (month and yeer) occupation (Stete or country) Maryland 12. BIRTHPLACE (city or town) (Stete or country) Maryland 13. NAME William P. Clautice 14. BIRTHPLACE (city or town) (Stete or country) Maryland 15. MAIDEN NAME Annie Klutch 16. BIRTHPLACE (city or town) (State or country) Maryland 16. BIRTHPLACE (city or town) (State or country) Maryland Where did injury occur? (Specify city or town, country and State) (Specify city or town, country and State)	5a. If married, widowed, or d HUSBAND of (or) WIFE of John	E. Lewis	s, Jr.			ased from
7. AGE Yeers Months 7 17 1 16ESS than 1 16ey. hrs. ormin. 8. Trede, profession, or perticular kind of work done, as SPINNERHOUSE WIFE SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BARK, etc. 10. Dete deceased last worked et this occupation (month and yeer). 12. BIRTHPLACE (city or town) (Stete or country) Maryland 13. NAME William P. Clautice 14. BIRTHPLACE (city or town) (Stete or country) Maryland 15. MAIDEN NAME Annie Klutch 16. BIRTHPLACE (city or town) (State or country) Maryland 16. BIRTHPLACE (city or town) (State or country) Maryland Where did injury occur? (Specify city or town, country and State) (State or country) Maryland Where did injury occur? (Specify city or town, country and State)	6. DATE OF BIRTH (month,	day, end yeer) Api	ril 5,1	883.	1 lest sew h Call eliva on 2 192 4; de	eth Is said
Sawyer, Bookkeeper, etc. Sawyer,				1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance	te of onset
Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (Stete or country) 13. NAME William P. Clautice 14. BIRTHPLACE (city or town) (Stete or country) 15. MAIDEN NAME Annie Klutch 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. MAIDEN NAME Annie Klutch 18. BIRTHPLACE (city or town) (State or country) 19. West hera an au opsy? Accident, suicide, or homicide? Dete of injury (Specify city or town, county and State)	8. Trede, profession, or kind of work do SAWYER, BOOK! 9. Industry or busines work was done, SAW MILL, BAN	ne, as SPINNER,HOU KEEPER, etc s in which	ise Wif	е	Ball Bledder & Line	
12. BIRTHPLACE (city or town) (Stete or country) 13. NAME William P. Clautice 14. BIRTHPLACE (city or town) (Stete or country) 15. MAIDEN NAME Annie Klutch 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. Westers an au opsy? 23. If deeth wes due to axternal causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Dete of injury (Specify city or town, county and State)	- i cina occupacion (month and	sper	nt in this	Other Contributes Course of importance	
13. NAME William P. Clautice 14. BIRTHPLACE (city or town) (Stete or country) 15. MAIDEN NAME Annie Klutch 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. Where did injury occur? (Specify city or town, country and State)	12. BIRTHPLACE (city or toy (Stete or country)	aryland			Unity Contributory Cause of Importance.	
Whet test confirmed diagnosis? West hera an au opsy? 15. MAIDEN NAME Annie Klutch 16. BIRTHPLACE (city or town) (State or country) Whet test confirmed diagnosis? West hera an au opsy? Accident, suicide, or homicide? Dete of injury	117.5.5.5.6		autice		2 La Geis El	رواج
15. MAIDEN NAME Annie Klutch 16. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME Annie Klutch 23. If deeth wes due to axternal causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county and State)	14. BIRTHPLACE (city o	r town) Narylar	iđ		Mar The	sy?2
16. BIRTHPLACE (city or town) (State or country) Accident, suicide, or homicide?	15. MAIDEN NAME A				23. If deeth wes due to axternal causes (VIOLENCE) fill in also tha following:	
(Specify city or town, county and State) 17. INFORMANT John R. Lewis, Jr. Spacify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	16. BIRTHPLACE (city o	r town) y) Narylar	nd		Where did injury occur?	, 19
(Address) 4 Burke Ave. Towson, Md.	17. INFORMANT John (Address) 4 Bu	E. Lewis,	Jr. Towson	, Md.	(Specify city or town, county and State) Spacify whethar Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Date Nov 24, 1934. Neture of injury			_Date_NOV	24, 1934		
19. UNDERTAKER Harry A. Luifa (addiss) 4101 Edmond son Live. 24. Wes disease or injury in eny wey related to occupation of daceased? If so, specify 4. Luifa (addiss) 4101 Edmond son Live.			on ive.			
20. FILED NOV. 24, 1934 No. Proute (Signed) At Wheaton (Address) 43.05 Mg Registrar.	16. ~ 50	-1934 M	-PM	ufir el Registrar.	1/420 (A) D1	M. E

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
EUDHAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	STATE OF MARYLAND	CERTIFICATE OF DEATH
	1. PLACE OF DEATH ,	93.2
	County Ballimore	Registration Dist. No. 30
	Village or City Colombuille	No. String Stone State (for sitesford
		death occurred in a horpital or institution, give its NAME instead of street and number) Outs How long In U.S. if of foreign birth? Ours,
	Length of residence in city or town where death occurredyrs,mos.	now long in U.S. It of foreign birth?
	2. FULL NAME STURS OSEVILLA Just	ono Diti
	(a) Residence: No. 1864 4 County (Usual place of abode)	Ward. Sallessee M
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Lemale White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Oxenster 2 3 , 193 1 (Month) (Day) (Year)
	5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceesed from
	(or) WIFE of Taul Tiebno	Serie 13 1934 to Nov 23 1934
	6. DATE OF BIRTH (month, day, and yeer) Sedd. 8 1866	Hast you held elive on Now 2 3 , 19 3 4; death is said
Car	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 2 -5 A.m.
certincate	68 2 15 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
e l	8 Trade profession or particular	Date of onset
0	kind of work done, as SPINNER, Jouseurfe	
ack	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Chronie Myocordilis WK.
Q L	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
instructions on back	this occupation (month en spant in this year)	U
lon	0.	Other Contributory Causes of importence:
nct	12. BIRTHPLACE (city or town) Jermany (State or country)	
Istr	13. NAME Karl Barnkal	Seistry Enterities (In sheerty) 30
II a	1 DIDTURAGE CALL	Name of operation
See	14. BIRTHPLACE (city or town) Jermany	What test confirmed diagnosis? Was there an au'opsy?
2 6	15. MAIOEN NAME IN since (proof)	23. If death was due to external causes (VIOLENCE) fill in elso the following:
important		Accident, suicide, or homicide?
od la	2 16. BIRTHPLACE (city or town) Service Const	Where did Injury occur?
H	May 60. D D Rty	Specify whether injury occurred in MOUSTRY, In HOME, or in PUBLIC PLACE.
very	(Address) 1804 Fores of Porh Que	U C
IS V	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
- 1	Place Sallon Luthern len Oate Nov. 27, 1934	Nature of injury
ION	19. UNDERTAKER John A. Denny	24. Was disease or injury in any way releted to occupation of deceased?
	(Address) 715 Light Ot.	If so, specify
1	20, FILED 11/23 1934 Stollywrise	(Signed) M. D.
1	Neekelly Registrar.	(Afdress) Outpoulle M. d.
and a	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CEDTICIOATE OF DEATH

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between regail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death medis the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid condition if m, related to the principal cause and any important complication of the principal cause. Under other contributory are importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of or let	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	A	A.		j		4	1)	A	A	1		ľ	Į]]	1	1	1	ď,	ď,	ď,	ď,	1	7	,	ď,	į,	1	,	7	7	7	7	,	,	,	7	7	3	3	3		(((ľ	J	Š	6	6	7	Y	7	ĺ	£	J]	I			7	ì	3	3	3	J	į	j	5	2	1	I	F	ľ	V	1	ľ	1)	Ē	8	F]	1	1	V	N		C	Ŀ	1	Ι		1	4	A	4		ľ	1		5	S	2	1				2	3	R	I	I		3	0	E	1	[I	1		E	Ì	1]	1	1	C	ľ	ľ	I	I	I	ľ	ľ	ľ	ľ	ľ	ľ	ľ	I	I	I	I	1
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Wash STATE OF MARYLAND-	CERTIFICATE OF DEATH 11006
1. PLACE OF DEATH	(57-C)
County / Stellemore	Registration Dist. No. 3 8
Village or City Towsow R. 7. 18	No. Reas Patt Spring Brad. St., Ward
Length of residence in city or town where deeth occurredyrsmos.	death occurred in a horpital or institution, give it NAME instead of street and number) 2 / ds. How long in U.S. if of foreign birth? yrs. 5 mos. 22 ds.
2. FULL NAME Stilleaux Drive	1 Lowy
(a) Residence: No. Corroson FLS-8	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male mule OR DIVORCED (revise the word)	Month (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY, That I attanded daceasad from
(or) WIFE of Duyte	0d 20 ,1934, to Nov 4 ,1934
6. DATE OF BIRTH (month, dey, and yaar) Melly-13-1934	I last saw h_LDDalive onOrt 20, 1934 ; death is said
7. AGE Yeers Months Deys If LESS then 1 day,hrs.	to have occurred on the date stated above, et. []
8 Trada profession or particular	wera as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, atc.	Consental heart disease Buth
SAW MILL, BANK, atc	I aten interventional agring
year) occupation and occupation as mile	Dthar Contributory Canses of Importanca:
12. BIRTHPLACE (city or town) Manual Control (State or country)	
13. NAME Edw. S. Lowy - Ir 14. BIRTHPLACE (city or town) Newy of Clerk	Name of operation
(State or country)	Whet test confirmed diagnosis? Clerred Was there an autopsy? No
15. MAIDEN NAME Kuth Driver	23. If daath was due to axternal ceuses (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) — Communication (State or country)	Accident, suicide, or homicide?
7/20 B B P (1 1 P . D)	Whera did Injury occur? (Specify city or town, county and State)
(Address) Direction - R. F. S. S.	Specify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Placa Place (), 19 - 6, 19	Natura of Injury.
19. UNDERTAKER LUVANIMONIA Company	24. Was disease or Injury In any way ralated to occupation of dacaased? 16 -
20. FILED Nor 5 - , 1934 Min P. Quelin	(Signad) Deley alley Tappen M. D.
20. FILED A Part Registrar.	(Address) 1201 No Calvert ST
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

	STATE OF MARYLAND	CERTIFICATE OF DEATH
	L. PLACE OF DEATH	93-5)
	County Calling	Registration Dts). No
1	Village or City Middle Civer, M	No. St., I death occurred in a horpital or institution, give its NAME instead of street and number
	Length of residence in city or town where death occurred	
2	2. FULL NAME Saalielle quelley	'D
	(a) Residence: No. Middle Coner, Grander (Usual place of abode)	USt., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3, 2	4. COLOR OR BACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH MOS 27 193
5e.	If married, widowed, or divorced	(Month) (Day)
	(or) WIFE of Wife Thomas Luckey	22. I HEREBY CERTIFY. That I attended decear
6. 1	DATE OF BIRTH (mouth, day, end year) / lec 8 3 187//	Hast saw her alive on Wov. 27 19 5 8; deat
7. /	AGE Years Months Days If LESS than	to have occurred on the date stated above, et 3 //. m.
6. 1	63 I I I day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
2.1	8. Trade, profession, or particular kind of work done, as SPINNER.	Date
101	SAWYER, BDDKKEEPER, etc. 4 Providence	Clerowe Myseerdiffs 19
CCUPATI	9. Industry or business In which b work was done, as SILK MIDL, SAW MILL, BANK, etc	
00	10_Date decesed last worked et 11. Total time (years) this occupation (month and spent in this	
2	year) occupation	Dther Coatributory Causes of importance:
TER 12.	BIRTHPLACE (city or town) Set Shown . OY. C . (State or country)	Dutie Country of the
ER	13. NAME / Grelogd. G. Som -	
	14. BIRTHPLACE (city or town) Larrahan:	Name of operation.
FAT	(State or country)	What test confirmed diagnosis? Clause and Quadeways there an autops
E E	15. MAIDEN NAME OR OFFILE. EL GORDO.	23. If death was due to external causes (VIOLETIEE) fill in also the following:
MOTHER	16. BIRTHPLACE (city or town) Deschan	Accident, sulcide, or homicide?
Σ	(State or country)	Where did injury occur?
	Jackin Almand	(Specify city or town, county and Stata)
17.	(Address) = 1903 Ro Quitto	Specify whether injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
A G.	BURIAL, CREMATION, DE REMOVAL	Manner of injury
G .	Place 12 (Lackresy Date 100.387 , 1934	Neture of injury
19.	Mus BANDEOCIAN	24. Wes disease ar Injury in any wey related to occupation of deceased?
19.	(Address), 1129 Lengelanie	If so, specify
1	11/21 31/16/16	(Signed)
20.	FILED/ 10 1927 HOW 9. Commercy Regular.	(Address) f. Esary. Wil
-		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example 1		Example II	Examples:
The principal cause of death and related causes f importance were as follows: Interioselerosis Thronic interstitial nephritis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of anset 1 week ago
erebral hemorrhage	1921 July 5,1927	Run over by street car Peritonitis	1 week ago 3 days ago
ther contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC	DDITIONAL	NAL SPACE FO	FURTHER	STATEMENTS	BY	PHYSICIA
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state

1. PLACE OF DEATH

STATE OF MARYLAND—CERTIFICATE OF DEATH 11008

	<u></u>
ore	Registration Dist. No. 42
lames (Rolay)	St., Ward
n where deeth occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
melo # mas	Donald.
	St., Ward.
(Usual place of abode)	If nonresident give city or lown and State
ATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH TOV 22, 193 4 (Month) (Day) (Yaar)
Stanley Mac Donald	22. I HEREBY CERTIFY. Thet I attended daceased from Sept 12 1974, to Mov 72 1934
(n) Mor 27 1874	I lest saw hear ellve on 200 24 1924; death is said
onths Days If LESS than I dey,	to have occurred on the date stated above, et2
ormin.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were es follows:
NER, Sontai	Careenona fort Kidney 1926
1	Levera Akatastaski selty
Housework.	7
34 11. Total time (years) spont in this occupation	
alterine aty	Other Cautributary Causes of importence:
Jeromo Haselik	Off "
Ballinting lity	Name of operation . As phrectory Date of ang 192,
Ind.	What tast confirmed diagnosis?X_R Was there en eutopsy?
my Sten futton	23. If daath was due to axtarnal causes (VIQ) ENCE) fill In also the following:
(Baltimory Cb)	Accidant, suicida, or homicide? Date of injury, 19
	Where did Injury occur? (Specify city or town, county and State)
ay Dansenterglin	Spacify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
77	Manner of Injury
Date 200. 24 1034	Nature of Injury
F. Ouly	24. Was disaasa or injury in any way related to occupation of deceased?
rock are,	If so, spacify
Jeffer for	(Signed) M. D.
If more blanks are needed, address State Registrar.	(Addrass)
,	

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUDBALLY C.			
Other contributory causes of importance:	=1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

V. S. No. 1

STATE OF	MARYLAND—	CERTIFICATE OF DEATH	
1. PLACE OF DEATH		(3)	36
County Baltimore		Registration Dist. No.	0
Village or City Govans		No. Idlewylde St.	Ward
Length of residance in city or town where daath		death occurred in a hospital or institution, give its NAME instead of street and media. How long in U.S. If of foreign birth?	
2. FULL NAME John Peyton	Magruder		
(a) Residence: Noll17 Overbroo	(Usual place of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH November 21 (Month) (Day)	, 193 (Yaar)
5a. If marriad, widowed, or divorced HUSBAND of Alice Salter Mag (or) WIFE of Alice Salter	gruder	22. I HEREBY CERTIFY. That I attended of Feb. 7	
6. DATE OF BIRTH (month, day, and year) Apri	1 6, 1891	I last saw h_im_aliva on Nov - 21	danth is seld
7. AGE Years Months 43 7	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 4:50 Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	nnsportation lling people 11. Total time (years) spant in this	Uraemic Coma Chronic Interstitial Nephritis	Date of onset 1 Day 1931
year) Aug. 1, 1934 12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland	occupation Q & VOT all	Other Contributory Causes of importance: Arterial Hypertension Chronic Myocarditis	? 1 Yr.
13. NAME Lyttleton Magruder 14. BIRTHPLACE (city or town) (State or country) Maryland		Name of operation	All hi
		What test confirmed diagnosis? Clinical Was thara an a	
16. BIRTHPLACE (city or town) (State or country) Maryland 17. INFORMANT Alice Edna Magrude	er	23. If death was due to axtarnal causes (VIOLENCE) fill in also the following Accidant, suicida, or homicida? Date of injury Whare did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	, 19
(Address) 117 Overbrook Rd. 18. BURIAL, CREMATION, OR REMOVAL Place Date of the property of	-11/-1/ 61	Manner of injury	
19. UNDERTAKER William Cook (Address) Baltimore, Md.	ne Odde ile -	24. Was disease or Injury in any way related to occupation of dacaased? Not fiso, specify (Signad)	D

20

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Addrass) Pikes ville, M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		RECEIVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

should state item of infor-

1	1	6.1	O	1)
1	i	U	47	U

1. PLACE OF BEATH		(8D)	
County / Faltima	re-	Registration Dist. No.	33
Village Dr City Georgy Length of residence in city or town where	(1)	No. f death occurred in a hospital or institution, give its NAME instead of stress. ds. How long In U.S. if of foreign birth?yrs	St., Ward et and number)
2. FULL NAME Thang	Marsec		
(a) Residence: No. 2700 Be	ernas & St., Bult.,) (Usual place of abode)	Mard. If nonresident give city or to	wn and State
PERSONAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA	
3. SEX 4. COLOR OR RACE Female White	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Monember 28 (Month) (Day)	, 193 <u>/</u>
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, Thet I et 1 100 24 10 24 28	lended deceased from
6. DATE OF BIRTH (month, day, and year)	Mil ? 1913.		9.3 4; deeth is sald
7. AGE Yeers Months/	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date steted above, at	
8. Trede, profession, or particular kind of work done, as SPINNER,	Sumate, Rosewood	were as follows:	Date of onset
9, Industry or business in which	State Araining School, laring Mels, Ind.	Same Opelephons	1/24/34
10. Dete deceesed last worked at this occupation (month end yeer)	11. Total time (yeers) spent in this occupation		
12. BIRTHPLACE (city or town) Baltim (State or country)	uare, mid.	Other Contributory Causes of Importance: Sparkie paralysis and	Ritt
13. NAME Contemon -		Therefore -	sun
14. BIRTHPLACE (city or town)	nom.	Name of operation Rome Del What test confirmed diagnosis? Chinical Was the	te of
15. MAIDEN NAME Culenon	/-	23. If deeth wes due to external ceuses (VIOL ENCE) fill in also the fo	Howing:
15. MAIDEN NAME Culturary 16. BIRTHPLACE (city or town) Custs (State or country)	lumm.	Accident, suicide, or homicide? Dete of injury_	, 19
17. INFORMANT Acceptations	I Records -	(Specify city or town, county a Specify whether injury occurred In INDUSTRY, In HOME, or in PUBI	nd State) LIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL	Dete 11 cs 29 ,1934	Menner of injury	
19. UNDERTAKER I To line (Address) Fristist	In md	24. Wes disease or injury in any wey releted to occupation of decease	ed? No.
20, FILED (LDS: 28, 1934)	4. al. Slade Registrar.	(Signed) Tarry & Butler (Address) Cowings mills,	md.
		11 0	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	O year	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	A- A-	STANDARD CERTIF	ICATE OF DEATH
	ould stat	1 PLACE OF DEATH Homas Battinine	Create Manyland, Registered No. 44
de	should of OCC	Township Gord Homard, Med, or	Villageor
(81)	of sh	city Station Hos koital	St., Ward
	Every Clans tement	2 FULL NAME Nous mask	occurred in a hospital or institution, give its NAME instead of street and number)
1	10 4	(a) Residence. No.	St. Ward
	PHYSI Kact st	(Usual place of abode) Longth of residence in city or town where death occurred yrs. mos.	St., Ward. (If nonresident give city or town and State) (is. How long in U. S., if of foreign birth? yrs. mos, ds.
0	REC Ex	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. Z	CTE NE	OR DIVORCEO (write the word)	16 DATE OF DEATH (month, day, and year) Nov 9, 193419 17 I HEREBY CERTIFY, That I attended deceased from
Z	NAM S	5a If married, widowed, or divorced HUSBAND of (or) WIFE of	Nov 9 1934, to Nov 9 1934,
ď	A PERM stated l'roperly clertificate	11 . 0 . 1971/	that I last saw her alive on Nov 9 1934
0		7 AGE Years Months Days If LESS than	and that death occurred, on the date stated above, atm.
EO	uld by	1 day,-7- hrs. or min.	The CAUSE OF DEATH* was as follows: but
>	shoul may	8 OCCUPATION OF DECEASED	
S	AGE hat it	(a) Trade, profession, or particular kind of work-	
Ш	0	(b) General nature of industry,	duration) yrs, mos, ds,
2	4	(b) General nature of Industry, business, or establishment in which employed (or employer) (c) Name of employer	CONTRIBUTORY(SECONDARY)
- Z		5 to 1 1/2/1-4-1	18 Where was disease contracted yrs, mos, ds,
-0	I'v si	9 BIRTHPLACE (city or town) That the start of the start o	if not at place of death?
Z Z	TH eful	10 NAME OF FATHER WILLIAMS	Did an operation precede death? Date of
	TT SE		What test confirmed diagnosis?
	NLY, d be EAT	11 BIRTHPLACE OF FATHER (oity or town) (State or country)	(Signed) Julaldurl , M(D)
	A Day	(State or country) 12 MAIDEN NAME OF MOTHER (OLY OF LOWN) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER	,19 (Address) Fort Howard, WY.
SE.	0 40 %	13 BIRTHPLACE OF MOTHER (city or town) Baltumore (State or country)	* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, etate (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)
40		14 Justher	19 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
500	52 •	Informant (Address)	Cornates ar Fort Howard hor 12 1934
	7 (7)	15 Filed Mar 12 49344 1 All Jamaies (2)	29 UNDERTAKER Medical otall ADDRESS
		11-3184 REGISTRAR	· - as Fort Howard

[Approved by U.S. Census and American Public Health Association]

have no occupation whatever, write None. cated thus: Farmer (retired, 6 yrs.). of illness. If retired from business, that fact may be inditho DISEASE CAUSING DEATH, state occupation at beginning occupation has been changed or given up on account of service for wages, as Servant, Cook, Housemaid, etc. If the cifically the occupations of persons engaged in domestic school or At home. Care should be taken to report speor At home, and children, not gainfully employed, as At Women at heme, who are engaged in the duties of the household only (not paid Housekeepers who receive a examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," definite salary), may be entered as Housewife, Housework, "Dealer," etc., Day laborer, Farm laborer, Laborer-Coal mine, statement; it should be used only when needed. As and therefore an additional line is provided for the latter work and also (b) the nature of the business or industry, employments, it is necessary to know (a) the kind of itor, Architect, Locomotive engineer, Civil engineer, Stationary sufficient, e. g., Farmer or Planter, Physician, Composoccupations a single word or term on the first line will be each and every person, irrespective of age. various pursuits can be known. The question applies to tion is very important, so that the relative healthfulness of Statement of occupation .- Precise statement of occupa-But in many cases, especially in industrial without more precise specification, For persons who For many

neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitual nephritis, etc. The connite); Tuberculosis of lungs, meninges, peritoneum, etc., Cardefinite synonym is "Epidemic cerebrospinal meninand causation), using always the same accepted term for CAUSING DEATH (the primary affection with respect to time 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), cer" is less definite; avoid use of "Tumor" for malignant cinoma, Sarcoma, etc., of Bronchopneumonia ("Pneumonia," unqualified, is indefi-(never report "Typhoid pneumonia"); Lobar pneumonia; gitis''); Diphtheria (avoid use of "Croup"); the same disease. be stated unless important. tributory (secondary or intercurrent) affection need not Statement of cause of death .- Name, first, the DISEASE Examples: Cerebrospinal fever (the only Example: Measles (disease (namo origin; "Can-Typhoid fever

> cause of death approved by Committee on Nomenclature of the American Medical Association.) "Contributory." (Recommendations (e. g., sepsis, tetanus) may be stated under the head of nature of the injury, as fracture of skull, and consequences homicide; Poisoned by carbolic acid-probably suicide. Struck by railway train-accident; Revolver wound of headto determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible DEATHS State MEANS OF INJURY and quality as ACCIDENTAL, which surgical operation was undertaken. For violent ing from childbirth or miscarriage, as "Puerreeral sopti-cemia," "Puerreral peritonitis," etc. State cause for tained as the cause. Always qualify all diseases result-"Weakness," etc., when a definite disease can be ascer-"Exhaustion," "Heart failure," "Hemorrhago," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Atrophy," "Collapse," "Coma," "Convulsions," on statement of

Norr.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in and in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the scle cause of death: Abortion, cellulitis, chidblirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

11-3181



of OCCUPA-

7. /

NOCCUPATION

MOTHER FATHER

19.

V. S. No. 1 N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	210-m
County Baltimore	Registration Dist. No. 44
Village or City mosth P. A. A there mill Rolo	
(If Length of residence in city or town where death occurredyrs,mos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME amby mattila	
	• St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) marked	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (ac) WHE of Mary Mattila	22. I HEREBY CERTIFY. That I attended deceased from ,19, to
6. DATE OF BIRTH (month, day, and year) Oct - 8 - 18 90	I last saw h allve on death is said
7. AGE Yaars Months Days If LESS than 4 4 - 2 4 1 dayhrs. ormin.	to have occurred on the data statad above, at
8. Trada, profession, or particular kind of work dona, as SPINNER, Jin mill stocker. SAWYER, BDDKKEEPER, atc.	Uate of onest
S. Industry or business In which work was done, as SILK MILL, Beth. Stul Co., SAW MILL, BANK, etc.	Fretured skull
O 10. Date decessed last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance; Stuck by automobile while while
13. NAME David mattila	north Point Road
13. NAME Land mattila. 14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy? "22
15. MAIDEN NAME Zenlasson	23. If death was due to externel causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 2016	Accident, suicide, or homicide?
(State of County)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT mus. mary mattila (Address) # Though Pt. Rd.	Specify whether injury occurred in INDÚSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Dak Larra Date 5.7. 19.3	Manner of Injury
19. UNDERTAKER John G. Connelly (Address) Persy and	24. Was disease or injury in any way raisted to occupation of deceased?
20. FILED MV. 5-, 1934 John G. Connelly Register.	(Signed) / Morrow / Brancas M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(131)
County Balto	Registration Dist. No. 73
Village or City Yung Gon O.C. (Reufin	M. No. St., Ward f death occurred in a hospital or iostitution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsmo:	sds. How long in U.S. if of foralgn birth?yrsmosds
2. FULL NAME S. G. Louise Manes	
(a) Residence: No. Mondeton G.O (Kes e Pro	St. Ward.
(Usual place of abode)	If conresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE CULTE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced Willowed	21. DATE OF DEATH November (Month) (Dey) (Yeer)
ba. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
mas, mayo	angun 30, 1934, 10 november 1, 194
6. DATE OF BIRTH (month, day, and year) Jan - 4/1863	I last saw h_le_alive on Grosember 1, 1934; daeth is said
7. AGE Years Months Days If LESS than	to have occurred on the data steted abova, atm.
71 Hag 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end ralated ceuses of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date decessed last worked et his occuration (month and	Chrom Interstitual
work was dona, as SILK MILL, SAW MILL, BANK, etc	noftenting
10: Date deceesed last worked et this occupation (month and year) occupation (month and year)	and laging station 6 months
12. BIRTHPLACE (city or town) Balto, Co., Med. (State or country)	Other Contributory Causes of Importance:
13. NAME Geo. Elliott	
13. NAME 14. BIRTHPLACE (city or lown) (State or country) 13. NAME 14. BIRTHPLACE (city or lown) (State or country)	Name of operation Oate of
15. MAIDEN NAME Eliza Hicks	What test confirmed diagnosis? Wes there an autopsy? Wes there an autopsy?
15. MAIDEN NAME Elya Hicks 16. BIRTHPLACE (city or town) Balta Co.	23. If deeth wes due to extarnal causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT Mus Ellest Muys (Address) Muselin may	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury ~ ~ ~ ~ ~ ~ ~
Place I- mlus feufous Date Mov = 3,194	Nature of injury
19. UNDERTAKER Com C Bush y In	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Mr 2 1984 Meliner Bortings	(Signad) B B Benron

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10.—The month and year the deceased last worked at the occupation.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAL	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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(Address)

18. BURIAL, CREMATION, OR REMOVAL

Registrar.

(Address)

24. Was disease or injury In any way related to occupation of deceased?

Manner of injury.

Nature of injury....

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Examples:

Example I		Example 11	
The principal cause of death and relate causes of importance were as follows:	ed Date of onset	The principal cause of death and relate causes of importance were as follows:	ed Date of onset
Arteriosclerosis .	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year

Date of b	irth, date of	death, change	or age an rubulked by
Jotton ft	7 - 3 70/17/24	7 . 5	
** C P P T	100 13/1/05 Uh	der Dr. Harris.	L.

FOR BINDING

RGIN RESERVED

V. S. No. 1 N. B.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1	- 8	6156	19
1	1	00	1

1. PLACE OF DEATH			
County Baltimes	ne	Registration Dist. No.	XX
Village or City Colyate		No. Moffet Cove. If death occurred in a positial or institution, give its NAME instead of	St., Ward
Length of residence in city or town where o	leath occurred	sds. How long in U.S. if of foreign birth?yrs	ds.
2. FULL NAME Marie (a) Residence: No. Moffe	t dre ne Esast (Usualplace of abode)	ensel. Ward. If nonresident give city or	town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DE	EATH
3. SEX 4. COLOR OR RACE Shute	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Nov. 7 d (Month) (Oay)	, 193 4 (Year)
5a. If married, widowed, or divorced HUSBAND of Corn WIFE of Herman	mensel	22. I HEREBY CERTIFY, That I	attended deceased from 7, 19.37
6. OATE OF BIRTH (month, day, and year)	1882	I last sew h & R alive on From 7	., 193.Y.; death is said
7. AGE Years Months	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at	tance Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	at Home	demai Cardinomenter rema	l 1925
9, Industry or business in which work was done, as SILK MILL,		Uremia	nor 1.934
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and yeer)	11. Total time (years) spant in this occupation	Inguardial Failure	mor 7 1934
12. BIRTHPLACE (city or town)	manu	Other Contributory Causes of importance:	
1 0	atmaken		
13. NAME See . A. Ste		Name of operation(Y.UNE	Oate of
(State of country)	many	What test confirmed diagnosis? Was	there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	many	23. If death was due to external causes (VIOL ENCE) fill in also th Accident, suicide, or homicide?	iry
17. INFORMANT M. Activation (Address) Proffe	s are:		
Place St. Peters Church	Date bent 10, 1934	Mainter of Injury	
19. UNDERTAKER John 5. (Address)	Connelly	24. Was disease or Injury In any way related to occupation of dec	ceased? Fur
20. FILED 200 - 9 , 1934 Jost	hu G. Tormelly	(Signed) Ell Scheming Myb. (Address) 842 S. East live.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
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PROPART V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—

1. PLACE OF DEATH	OF MARTLAND	CERTIFICATE OF DEATH	5
County	20 Stimore	Registration Dist. No. 30	
Village or City Frankli		PO No. Engleside One St., W death occurred in appropriat or institution, give its NAME instead of street and number)	/ard
Length of residence In city or town w	where death occurred / Lyrs, mos	ds. How long in U. S. if of foreign birth?yrsmos	_ds.
(a) Residence: No.	side Cruse (Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STAT	ISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	_
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wing the word)	21. DATE OF DEATH oreulas 23 1934 (Month) (Day) (Year))
Sa. If married, widowed, or divorced HUSBAND of (or) WiFE of		1 HEREBY CERTIFY, That I attended deceased f	from
(01) 11712 01	1	Nov. 23 1938, 10 nov. 23 193	
6. DATE OF BIRTH (month, day, and year)	Jugust 31, 1862		said
7. AGE Years Morn	Days If LESS than 1 day,	to have occurred on the date stated above, at //	
12 0	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	nset
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc	Jeacher & writer	Pala Hander Lov.	23
kind of work done, as SPINNER SAWYER, BOOKKEPER, etc	Pit reland	193	4
SAW MILL, BANK, etc		•	
this occupation (month and year)	925 II, Total time (years) spent in this occupation		
12, BIRTHPLACE (city or town)	lua	Other Contributory Causes of importance:	,
(State or country)	alabama	current uponis	
13. NAME Calin	Print mooher	O Penility	
13. NAME ALL 14. BIRTHPLACE (cily or town)	Zvoudale	Name of operation. Zung Date of	
(Stete or country)	nova Seotia	What test confirmed diagnosis Phys Lundings Was there an autopsy?	ter
15. MAIDEN NAME Eligue	ta Wilde	23. If death was due to external causes (VIOLENCE) filt in also the following:	,
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide?, 19	
(State or country)	Dean II De II	Where did Injury occur? (Specify city or town, county and State)	
17. INFORMANT (Address)	gella de Mossie	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	and ma	Manner of Injury	
Place athernal	Date Nov. 27, 1934	Neture of Injury	
19. UNDERTAKER Marting S	Taken & Sons	24. Wes disease or Injury In any way related to occupation of deceased? If so, specify	-
20. FILED	Registrar.	(Signed) Lovallancy Med	И. D.
If	more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

CTATE OF MADVIAND CEDTIFICATE OF DEATH

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1. PLACE O	///	OF MARYLAND	-CERTIFICATE	OF DEATH	11000
County	Hall	imore	9	Registration Dist. No.	44
	city Esley	- Mil	No	vegiztiation Dist. No	
			(If death occurred in a horpital or in	stitution, give its NAME instead of stree	
Length of res	idence in city or lown when	deeth occurred	nos ds. How long in U.S.	if of foreign birth?yrs	mosds
2. FULL NA	ME LASSI	y Just fly	millar		
(a) Resider	ice: No.	(Usual place of abode)	St., Ward.	Removed how the second	
PERSON	AL AND STATIS	TICAL PARTICULARS	MEDICAL	If nonresident give city or town	
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED	21. DATE OF DEAT		
1	W	OR DIVORCED (Prize the word)	1/1	(Month) (Day)	, 193 4
5a. If married, widow HUSBAND of	ved, or divorced			, , , , , , , , , , , , , , , , , , , ,	(Year)
(or) WIFE of	~			BY CERTIFY, Thet I atte	
6 DATE OF RIPTH	(month, day, and year)	1191/34	I last saw h alive on.	, 19, to	, 19 death is said
The same of the sa	Months	Oays If LESS ther	_	11-000	, death is said
1		tell oron min.		EATH and related causes of importance	
2 8. Trade, profe	ssion, or particular work done, as SPINNER,	,	Thematine s	Desaratus	Date of onset
SAWYER	, BOOKKEEPER, etc.		Vof Mare	Ma	
work wa	business in which s done, as SILK MILL, LL, BANK, etc		\		
U 10. Oata decees	ed last worked at pation (month and	11. Total time (years) spant in this			
		occupation	00 - 6 - 2 - 6 - 4		
12. BIRTHPLACE (ci		ex Md.	Other Coutributory Causes of I	mportance:	
(State or cod	ntvý) Of	M2 00			
13. NAME	nas layri	m/felimillar			
14. BIRTHPLACE		Us City	Name of operation	Date Date	
	Es Or	Varie Phromes		Mas ther	Carrier Control
Ξ	120	et C. T.	The second state of the se	causes (VIOLENCE) fill In elso the foli	112
	(city or town)	is any	Where did injury occur?	Data of Injury	, 19
17. INFORMANT(Address)	father.	V	The second secon	(Specify city or town, county and in INOUSTRY, In HOME, or In PUBLI	d State) IC PLACE.
18. BURIAL, CREMAT	ION, OR REMOVAL		Manual of Indian	~ * * * * * * * * * * * * * * * * * * *	
Placa St.	mothers ce	m Oata hov. 22 ,19 3	Y	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
19. UNOERTAKER /	Jenge W.	Bukler	24. Was disease or injury an	y way related to occupation of deceased	
20. FILED NOV.	-2/- 1934 AT	ws. Emell	If so, specify (Signed)	Gun gands	M.D.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
MUDEAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CTATE OF MADVI AND

STATE	F MARILAND—	CERTIFICATE OF DEATH	LUL
1. PLACE OF DEATH		- (54.J)	
County 18 alten	270-	Registration Dist. No. 30	
Village or City Cafo	rsorlle	No. Abrune Tome Hoff - St., death occurred in a hospital or institution, give its NAME instead of street and numb	War
Length of residence in city or town where d	eeth occurredyrs,mos	3. ds. How long in U.S. if of foreign birth?yrsmos	d:
2. FULL NAME CALL (a) Residence: No. 2.3 T.	Resson (Usual place of abode)	St., Ward. Balls If nonresident give city or town and State	
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Male Write	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Day)	(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Muse Muse	north	22. I HEREBY CERTIFY, That I attended decea July 16, 1934, to 22079,	ased from
6. DATE OF BIRTH (month, day, and year)	loh. 257187	gl last saw h alive on 2 4 9 4 , 19 34; dea	ath is sai
7. AGE Years Months	Deys If LESS than 1 day,hrs. ormin,	to have occurred on the date stated above, at G., m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	saxkman	Brain tumor OT	te of onse
	nknow	withing origin 4	mo.
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent In this occupation	Operated sopon by Dr. Dandy a three on four	
12. BIRTHPLACE (city or town) (State or country)	the Bull County	Other Contributary Canses of importance: years ago. Seusop	
13. NAME JOR MO	a Dorchester &	Bressus eymptoma	m
(State or country)	n d	Name of operation	
15. MAIDEN NAME Odes - Fr	7120	What test confirmed diagnosis? Was there an aulops	sy?
15. MAIDEN NAME Julie 7 16. BIRTHPLACE (city or town)	of Dorchester One	23. If death was due to external causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide?	19
17. INFORMANT Many Many (Address)	nott	Where did injury occur?(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18, BURIAL, CREMATION, OR REMOVAL	Date 11/22, 1934	Manner of Injury	
19. UNDERTAKER Traderich (Address) (2000 (A)	Wole St	24. Was disease or injury In any way related to occupation of deceased?	D
20. FILED NAT 19 , 1934 H	- augliere	(Signed) Notes & Garrett	M. I

If more blanks are veeded, address State Registrar, 2411 N. Charles Street, Balismore, Requesting U. S. No. 1.

V. S. No. 1

PHYSICIANS should state

of OCCUPA.

Exact statement

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

RGIN RESERVED FOR BINDING

stated EXACTLY. properly classified.

AGE should be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

-WRITE PLAINLY, WITH

m

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Example II

The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago 1921 Run over by street car 1 week ago Chronic interstitial nephritis July 5.1927 Peritonitis 3 days ago Cerebral hemorrhage Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

V. S. No. 1

). Di	V. W. No. 1	AGIN RESERVED FOR BINDING	D FOR BINDING
ż	N. B.—WRITE PLAINLY, WITH CNFADING INK—THIS IS A PERMANENT RECO	CNFADING INK-TH	IS IS A PERMANENT RECO
1	mation should be carefully	plied. AGE should	mation should be carefully plied. AGE should be stated EXACTLY. PH
7	CAUSE OF DEATH in plain terms, so that it may be properly classified. Ex-	terms, so that it may !	be properly classified. Ex-
1	TION is very important. See instructions on back of certificate.	e instructions on back	of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH		
1. PLACE OF DEATH	(82-0)		
county Baltimae	Registration Dist. No.		
Village or City Francow Point	No. 6/1 E St., Ward		
, , , , , , , , , , , , , , , , , , , ,	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S.If of foreign birth?yrsmos,ds.		
2 FILL NAME Clart. & Cake			
2. FULL NAME CHESTER S. CONSU			
(a) Residence: No. 6// (Usual place of abode)	St., Ward. If nonresident give city or town and State		
ERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word) Male White Marrie d Marrie d	21. DATE OF DEATH (Month) (Day) (Tear)		
5a. If marriad, widowad, or divorced HUSBAND of Lyptle & Oaks	22. THEREBY CERTIFY, That I attended deceased-from		
6. DATE OF BIRTH (month, day, and year) Opril 15 1883	1 1 1 1 1 1 1 1 1 1		
7. AGE Yaars Months Oays If LESS than	to have occurred on the date stated above, at 1/1 43 p.m.		
5/ 7 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:		
Trada, profassion, or particular kind of work dona, as SPINNER Toch Clerk SAWYER, BOOKKEEPER, etc.	levefrel temortage		
kind of work dona, as SPINNER for Ch SAWYER, BOOKKEEPER, etc. 9 Industry or businass in which work was dona, as SILK MILL SAW MILL, BANK, atc. 10. Date deceased last worked at this occupation (month and this			
O Date deceased last worked at this occupation (month and spart in this occupation			
12 BIBTUDI ACE (ASSWAY COURT) Bri Chitsville	Other Contributory Causes of importance:		
12. BIRTHPLACE (city or town) 100 cm gallaville (State ar country)	Costivio dellero		
13. NAME William 71. Oaks			
THPLACE (city or town).	Nama of oparation Oats of		
(Stata or country)	What tast confirmed diagnosis? Was there an autopsy?		
15. MAIDEN NAME Bertha & Myers	23. If death was due to external causes (VIOLENCE) fill in also the following:		
15. MAIOEN NAME (Bertla & Myers 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?		
17. INFORMANT John F Oaks (Bro)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury		
Place Wak Lawn Oata now 19, 1934	Nature of injury		
19. UNDERTAKER John & Denny (Addigss) 715 High hat	24. Was disease or injury In any way related to occupation of daceased?		
20. FILE 17 1934 Je . H. Lemice (Robistrar.	(Signado (Address) La anous one		
If more blanks are needed, address State Recistrar	2422 N. Charles Street Baltimore Remoting 91 S. No. 7		

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Example I	1000	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitiol nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 doys ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	Moy 1,1923	Gastroenteritis	1 year

1		

S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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		2 Jest 8 (JeU	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
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JAN 3 JAN			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	1 2 1 1
1. PLACE OF DEATH		1111
County Sallemore	Registration Dist. No. 36	
Village or City Colla	NoSt	Ward
7 (16	death occurred in a horpital or institution, give its NAME instead of street and n	number)
Langth of residance in city or town whara death occurredyrslmos	3ds. How long in U.S. if of foraign birth?yrsmo	osds.
2. FULL NAME /// arys/ allock		
(a) Residence: No. Ollla QUE.	St., Ward. outside Cose	
(Usual place of abode)	If nonresident give city or lown and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Nov. /6	, 193
5a. If merried, widowad, or divorcad HUSBAND of		
(or) WIFE of	22. HEREBY CERTIFY, Thet I ettended	deceased from
This 13 1034	, 19, to	, 19
6. DATE OF BIRTH (month, dey, and teat 1) 13 1934 7. AGE Yeers Month Days If LESS then	I last saw halive on_about / p	; deeth is seid
7. AGE Yeers Months Days If LESS then 1 dey,hrs.	to have occurred on the dete steted above, et	
ormin.	The PRINCIPAL CAUSE OF DEATH and releted ceusas of importance were as follows:	Date of enset
8. Trede, profession, or particuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business In which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Date daceased last worked at this recursion (month and	Inquilian	unl
S. Industry or business In which work wes done, es SILK MILL,		una
SAW MILL, BANK, etc.	from History	
U 10. Date daceased last worked at this occupetion (month end year)		
B At	Other Contributory Canssont Importance:	D
12. BIRTHPLACE (city or town) Jalliglotte	OTE It Capidicae	orom
(Stete or country) many land	Chr Calif	uh
13. NAME OLO POLLOCAL 14. BIRTHPLACE (city or town)	from History	
14. BIRTHPLACE (city or town)	Neme of operation Data of	
(State of country)	Whet test confirmed diagnosis? Was there en a	utopsy?_M&_
15. MAIDEN NAMED AND WILLIAMS 16. BIRTHPLACE (city or town)	23. If death was due to externel ceuses (VIOLENCE) fill in elso tha following	
0 16. BIRTHPLACE (city or town)	Accident, sulcida, or homicide? Dale of injury	
(State or sountry) of outstance	Whare did Injury occur?	,
17. INFORMANT Collaboration (Address) Ella of Other	(Specify city or town, county and State Spacify whather Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLA	ACE.
18. BURIAL, CREMATHING OR REMOVAL		
Plece May July & Date Wow 17, 1934	Mannar of Injury	
19. UNDERTAKER Easton Sous (Address) Elliott City	24. Wes disease or injury in any wey related to occupation of decaased?	no
20. FILED NOV 17, 19 Marshall Blenst Registrar.	(Signed) Marshall B West (Address) Catornelle med	ДМ. D.
If more blanks are needed address Sees Paris	A Chalachar Data Data Data Data Data Data Data Da	

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BUBBAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation NOLL

M

V. S. No.

COCC should

If nonresident give city or town and State 34 193 (Day) (Yeer) Date of onset (Specify city or town, county and State) (Address) Sparrows Point. Md.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
A MUSICA			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

should state item, of infor-

of OCCUPA.

B ż

	MARYLAND-	CERTIFICATE OF DEATH	1100
1. PLACE OF DEATH		93.2	1
County Baltimore		Registration Dist. No.	
Village or City Fullerton		No. N. side Joppa Rd. East of Cowen	on Ave-
	occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and not death. How long in U.S. if of foreign birth?yrsmo	
	Christine Rayme		
(a) Residence: No. N. side Jop	pa Rd. East of Co (Usual place of abode)	west on Aveward. If nonresident give city or town and	State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH November 4, (Month) (Day)	193 4 (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Robert G.	Rayme	22. I HEREBY CERTIFY, That I attended d	eceasad from
6. DATE OF BIRTH (month, dey, and year) Dec .	8. 1877	Nov. 2nd , 19 34 , to Nov. 4	, 1934
7. AGE Years Months	Days If LESS then	to have occurred on the date stated above, at 5:50 P.m.	acetii 12 Seia
56 11	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importence	
	ormin.	were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, es SPINNER,	ousewife	Chronic Myocarditis Arterio-Sclerosis	1906
Industry or husiness in which		Cardiac dilatation with Pulmonary	4
work wes dona, es SILK MILL, At SAW MILL, BANK, etc	home	[37
10. Data decessed last worked at	11. Total time (years) spent in this 30	oedema	Nov.3,
this occupation (month and year)	spent in this 30 occupation		1934.
14. DIRITIFLACE (CITY OF COMIT)	re County	Other Coutributory Causes of importance:	
(State or country) Marylan	nd		
13. NAME George C. Rothe 14. BIRTHPLACE (city or town) Baltim.			
14. BIRTHPLACE (city or town) Baltime	ore County	Neme of operation	
(State or country) Marylan	nd	What test confirmed diegnosis? Wes there an ea	7.7
15. MAIDEN NAME Margaret Sch	pepler	23. If death was due to externel causas (VIOL ENCE) fill in also the following:	
15. MAIDEN NAME Margaret School 16. BIRTHPLACE (city or town) Baltim (Steta or country) Mary	ore County	Accident, suicide, or homicida? Date of injury Where did injury occur?	
17. INFORMANT Mrs. Eliz. Karow		(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
(Address) 123 S. East Ave	. Dalto. Md.		
Plece Parkwood Cem.	nata Nov. 7. 19 34	Manner of Injury	
		Nature of Injury	
19. UNDERTAKER George W. Zir	kler,	24. Was disease or Injury In any way related to occupation of deceased?	
(Address) 1737 E. Eige	no de	If so, specify Q. L. Milliuson	
20. FILED / 6 34 HELL	MUNWIN	(Addrass) 5713 Belair Rd. A.L. Wilki	nson.
	Registrar.	(Addrass) Of TO Detail and	

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10016			
Other contributory causes of importance.	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. Village or City ND. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth?_____vrs___ PHYSICIAN 2. FULL NAME RECORD. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word ANENT (Month) 5a. If married, widowed, or divorced HUSBAND of CERTIFY. That I attended deceased from (or) WIFE of alive on LLV certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Month proper If LESS than 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. were as follows: Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER. SAWYER, BDDKKEEPER, etc ... may back 9. Industry or business in which should work was done, as SILK MILL, SAW MILL, BANK, etc..... 1D. Date deceased las worked at this occupation wonth and on 11. Total time (years) spent in this that occupation _. instructions Other Coutributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) supplied 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?_____ Was there an aulopsy?_ 15. MAIDEN NAME 23. If death was due to external causes (VIDL ENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury______19____ DEATH import 16. BIRTHPLACE (city or town (State or country) pe Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. I7. INFORMANT plnods very OF (Address) 18. BURIAL, CREMATION, DR REMOVA -WRITE Manner of Injury CAUSE TION Nature of injury 24. Was disease or injury in any way related to occupation of deceased 19. UNDERTAKER (Address) If so, specify (Signed) PO. FILED NAT Registrar. (Address) - Our Da

V. S. No. 1

BINDING

RESERVED

RGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ogo
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral homorrhage	July 5,1927	Peritonilis	3 doys ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

DITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA
DITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA

RGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH	731
County Dellinie	Registration Dist. No.
Village or City Weems	NoSt., W
Length of residence In city or town where deeth occurredyrs,mo	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME along as In grun	ice or chardson
(a) Residence: No. (Usual place of abode)	2(St.,Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH November 9, 193 4
. If married, widowed, or divorced	(month) (baj) (leal)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased
DATE OF BIRTH () A CONTRACT C	dlec 25, 1932 to non 9, 193
AGE Years Months Deys If LESS than	1 last saw h alive on, 19-34; deeth is to have occurred on the date stated above, et 12/30 m
C() D C 1 day,hrs.	The state of the date of the date of the state of the sta
8. Trede, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	De la colla son
9. Industry or husiness in which	mun) www wr
kind of work done as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date decessed lest worked et II. Total time (years)	aver singular
10. Date decesed lest worked et this occupetion (month end spent in this	Coldanda Car
year) occupation	Other Contribute Council Institute Council Insti
BIRTHPLACE (city or town) (Stete or country)	Other Contributory Causes of Importance:
14. BIRTHPLACE (city or town) (State or country)	
14. BIRTHPLACE (city or town)	Neme of operation Date of
(State or country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Elmaleth Boles	23. If deeth wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?O
(State or country)	Where did injury occur?
INFORMANT My Suy May 1. (Address) Physics Med	(Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.
BURIAL, CREMATION, OR REMOVAL	Menner of injury
Plece Colynomicalaries Date how 11, 1934	
UNDERTAKER Um la Brooks & Son	24. Was disease or injury in eny wey related to occupation of deceased?
FILED MOV. 9 1934 William hehilwox	(Signed) B. B. Benson

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis .	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Jacobie	Registration Dist. No. 44
Village or City Sparrons Om	ND. St., Ward
Length of residence in city or jown where death occurredmo	If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Harry & Kiler	1
(a) Residence: No. 3327 Cata av	St., Ward, Balb,
(Usual place of ahode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 1. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, OR D. VORCED (write the world)	21. DATE OF DEATH / Overber 1 5 , 193 4 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Theta attended deceased from
6. DATE OF BIRTH (month, day, and year) Stale 13.1897	mulling 19 mis fruit , but
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys If £SS/han	to heve occurred on the date steted above, et 7:20 Am.
37 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEPER, etc.	were as to flows: Date of onset
9. Industry or business in which	
SAW MILL, BANK, etc. Dallo why Jugarky	
10. Date deceased last worked et this occupation (month and 6,1934) spant in this occupation (month and 6,1934) occupation to occupation occupation occupation	
12. BIRTHPLACE (city or (Gwn) Seltunge	Other Coatributory Causes of importance:
(State or country)	
13. NAME CANTRUCE C. Niley 14. BIRTHPLACE (city or town). Bettimoste	
(State or country)	Neme of operation Date of
15. MAIDEN NAME Waroling Michael	What test confirmed diegnosis? Wes there an au'opsy?
	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
7. INFORMANT Alex M. Cily	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Place Y LAN CATHERINA CAN Dete 17, 1934	Menner of injury
9. UNDERTAKER ACTION OF SON	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED 10 15 19 34 14. Hallanics	Signed) and Micholash orone M. D.
Registrar.	(Address) Spanson Coun. My

2 5 1 /4/2

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Chronic interstitial nephrolis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of ignortance:)	Other contributory causes of importance:	
Gallstones 10N	May 1,1923	Gastroenteritis	1 year
To 1			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

If so, specify

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—V

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	23
County Saltimne	Registration Dist. No. 38
Village or City Overlea	No. /// Solb Clice St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Denjamen Phill	if Cantiago
(a) Residence: No. /// /Tollo (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrige the word)	21. DATE OF DEATH DOEM ber 29, 193 4 (Wonth) (Day) 9 (Year)
5a. If married, widowed, or diversed HUSBAND of	22. / I HEREBY CERTIF-Y That I attended decessed from
Hulda Navidson	1034 to Mr. 28 1934
6. DATE OF BIRTH (month, day, and year) Feb. 19, 1903	I jost law h 1M alive on 25 1934; death is said
7. AGE Years Months Days If LESS than	Conave occurred on the date stated above, and -5% Am.
31 9 16 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Pot Office Clerk SAWYER, BOOKKEEPER, etc.	- Suber culous
Kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. SIndustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked etc. 11. Total time (years)	Pulsum ary - Bilatual
SAW MILL, BANK, etc.	A second
10. Date deceased last worked et this occupation (month and poul 34 spent in this occupation // year)	Duratim me year.
Prani de la	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
W 13. NAME COLLA Partiago	
13. NAME Joseph C. Dante ago	Name of operation Date of
State or country)	What test confirmed distant cal - Wecker who you a faulopsy? No
15. MAIDEN NAME Mary Marshall	23. If death was due to external causes (VIDLENCE) fill In elso the following:
15. MAIDEN NAME Mary Marsh all 16. BIRTHPLACE (city or town) Department of the complete of	Accident, suicide, or homicide? Date of injury, 19
(State or country) Chrole Usland	Where did injury occur?
17. INFORMANT	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION OR REMOVAL	
placer (athedral Date Dec 3 1934	Manner of Injury
19. UNDERTAKER translew It Sect	24. Was disease or injury in any way related to occupation of deceased?
(Address) 709 W 33 St Ballo Md	If so, specify
20. FILED 3/2 , 1934 9. 7/ Bacon Registrar.	(Signed) M. D. (Address) 2211 Dr. Daul Uf
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	-	Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	7915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1021	Bun over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Yariton'itis	3 days ago
	13		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

STATE OF MARY	LAND—CERTIFICATE OF DEATH	111
EATH _	(3)	20
n-142	Registration Dist. No.	20

	1. PLACE O	F DEATH				(3)	<u> </u>
/	County	Balti	more			Registration Dist. No. 00	
	Village or	City To	W6011	Maryland mone, Md.	-//Fe (if	death occurred in a horpital or institution, give its NAME instead at street and in 9 ds. How long in U.S. If of foreign birth?	Ward
	2. FULL NA	ME MAS.	Sadie	Magin	niss Schil	St., Ward, Boltimone, Manylon. If nonresident give city or lown and	d
				CAL PARTI		MEDICAL CERTIFICATE OF DEATH	Diane
	3. SEX	4. COLOR OF		5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH 700. (Month) (Day)	, 193_ /
	5e. If married, wido HUSBAND of (or) WIFE of		W. Se	chilling		22. I HEREBY CERTIFY, That I attended of Oct. 28, 1934, to 700.7	, 1934.
certificate.		(month, day, and	Months	Days	8 1 2 If LESS than 1 day,hrs.	to have occurred on the date stated above, at JiHJHm. The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:	; death Is said
instructions on back of ce	Nind of SAWYE 9. Industry or work w SAW M 10. Date decea this occ year) 12. BIRTHPLACE ((State or co	business in whi as done, as SILK ILL, BANK, etc sed last worked upation (month a city or town)	PINNER, etc. At the MILL, Our: at at and a line 28, 1934	11. Total t spe occi	ima (yeers) ntin this upation42_415,	Materialized Neptraitis Hemiplegia - night-serebro hemeosby Definition Courses of Importance: Psychosis with cenebral anterio sclenesis	
See i		CE (city or town).	Bol	time Ar		Name of operation Dete of	
TION is very important.	15. MAIDEN N 16. BIRTHPLAC (State of the control o	AME Sant CE (city or town) or country)	Bal-reco		,	What test confirmed diagnosis?	;; , 19
E D	19. UNDERTAKER (Address)	2824 - 1907	Echnic y you	redson (Registrar.	24. Was disease or Injury In any way related to occupation of deceased? If so, specify (Signed) (Address) AT CAUT B. Pat 111	M. D.

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Cerebral hemorrhage	Jaly 5,1927	Peritonitis	3 days ago
100			
Other contributory causes of importance;		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-c
county 12 altimore	Registration Dist. No. 3
Village or City Rask & Warry	NoSt.,Ward
(If Length of residence in city or town where deeth occurred Ayrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
mani de Salami de	-Co. tu
2. FULL NAME / CANGE OF STATE AND COME	
(a) Residence: No. 4 30 4 30000000 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3, SEX 4. COLOR ON RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 20 - 193 4 2 193
5a. If married, widowed, or divosced HUSBAND of (or) WIFE of John A. Schmidt	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) June 26 - 1885	lest saw harmalive on him 20 dd 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, atm.
19 4 24 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc.	4
	temme my reachites 1433
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Dete deceased lest worked et this occupetion (month end year) 11. Total time (years) spent in this occupetion	
12. BIRTHPLACE (city or town) Balt MI	Other Contributory Causes of Importence:
(State or country)	myracher mufferer Oct 1934
II 13. NAME ? Wolfe	
13. NAME Wolfe 14. BIRTHPLACE (city or town) Serving (State or country)	Name of operation Dete of
(State of Country)	What test confirmed diagnosis? Sugar A Seyroffer Was there an autopsy? 4
15. MAIDEN NAME (OVA	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME OVA 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs. H. W. Schaut. (Address) 4301 Belman are	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Fundow Park Date, How 234, 1934	Manner of injury
19. UNDERTAKER WW Cooker St. (Address) 12/19 IN Faul St.	24. Was disease or injury In any wey releted to occupation of deceased?
20. FILED NOTH, 19.34 G. HBacon Registrar.	(Signed) Eduff Jewan M. D. (Address) / W Orelea Com

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related curses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
	A		
Other contributory causes of importance:	of the State of th	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STANDARD CERTIFICATE DEPARTMENT OF COMMERC BUREAU OF THE CENSUS 1. PLACE OF DEATH: Balto MARYLAND County----Catous villa Township City-(If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred ---mos. ----deys. How long in U. S., if of foreign birth? ----yrs. -----mos. Schoen wisnes Home wood Marsing Home Est PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 21. DATE OF DEATH (month, day, and year) Widowal I HEREBY CERTIFY, That I attended deceased from 5e. If married, wildowed, or divorced HUSBAND of (or) WIFE of Man Vari 23. . 1934 to --Max Schornwisur to have occurred on the date steted above, at ______ m. 6. DATE OF BIRTH (month, day, and year) The principal cause of death and related causes of importance were es follows: 7. AGE Months Davs If LESS than 1 day, Date of onsel hrs. or _____ mins 8. Trede, profession, or particular kind of work done es spinner, sawyer, bookkeeper, etc____ Kour Calal forigologia 9. Industry or business in which work was done, as silk mill seweth sawmill, bank, etc. Russing Home 10. Date deceased last worked at this occupetion (month and year) spent In this Other contributory causes of Importences occupationamerican 12. BIRTHPLACE (city or town and State or country): 13. NAME: Name of operation --Date of --What test confirmed diegnosis? Wes there an eutopsy? Ho 14. BIRTHPLACE (city or town and State or country): 23. If death wes due to externel causes (violence), fill in else the following: 15. MAIDEN NAME: Muc Known Accident, eyicide, or homicide?______, 193 16. BIRTHPLACE (city or town and State or country): Where did injury occur? -----(Specify city or town, county, and State) Erman Specify whether injury occurred in industry, in home, or in public place: 17. INFORMANT (name and address): Tro Korkelers Vs 524 Radgeor are Manner of Injury. 18. BURIAL, CREMATION, OR REMOVAL Nature of injury 24. Was disease or injury in eny way related to occupation of doceased? 19. UNDERTAKER (name and address): (Signed) Zanda Standar 20. FILED. Registrar. 8--209g B-GOVERNMENT PRINTING OFFICE: 1939 c11-3184

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Chronic interstitial pephritis	1921	Run over by street car	1 week ago
Ccrebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year
ADDITIONAL SPACE F	OR FURTH	ER STATEMENTS BY PHYSICIAN	

C11-3184

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

FOR

RGIN RESERVED

S. No.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
· · ·			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

4 1	STATE OF MARYLAND—	CERTIFICATE OF DEATH	
2 3	1. PLACE OF DEATH	(131)	
30	County Daltamore	Registration-Dist. No. 38	
10	Village or City askville	No Old Harford Road St., Wa	ard
statement o	Length of residence In city or town where death occurred yrs. mos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?rrsmos	de
1	2. FULL NAME Jama Simon	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(a) Residence: No. Old Karland Koag	St., Ward.	
	(Usual place of abode)	If nonresident give city or town and State	
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
9	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write) word)	21. DATE OF DEATH	,
2	Ilmalo I full Single Il I married, Widowed, or divorced	(Month) (Dey) (Year)	
Je	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased for	rom
-		Feb. 28, 1934, 10 1/00-10, 193	4.
-	DATE OF BIRTH (month, dey, and year Sec. 18 1863	I lest sew h es alive on Mav. 9 , 1934; deeth is s	eid
7.	AGE Years Months Deys If LESS then 1 dey,hrs.	to have occurred on the dete steted above, et 3m.	
	/0 /0 22 ormin.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importance were es follows:	set
NO	8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.		
ATI	9. Industry or business In which	Chre myocarditio 1 3mg	2
OCCUPATION	work was done, es SILK MILL, SAW MILL, BANK, etc	Chr. interstitist ne photis	74
00	this occupation (month end a Shall till fill?		
	yeer) occupetion	Other Contributory Causes of importance:	
12	R. BIRTHPLACE (city or town) Country (Stete or country)	Uraemia 10/3	0/3
2	1 De la granda de la companya della companya della companya de la companya della		
FATHER	14. BIRTHPLACE (city or town) Lyknown	Name of operation	
(State or country) Ellmann		Whet test confirmed diegnosis? In a large was there an europsy?	CAI
IER	15. MAIDEN NAME ma menster	23. If deeth was due to externel causes (VIOLENCE) fill In elso the following:	. 54.
MOTHER	16. BIRTHPLACE (city or town) Unknown	Accident, suicide, or homicide?	
Σ	(Stete or country)	Where dld injury occur?	
17	INFORMANT SETTING XBICKETT	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18	(Address) Approvide & ANO.		
	Photograph's Completen NOV. 13 1034	Manner of Injury	
	Moderich of sol At	Nature of injury	
19	(Address) 1401 Belows And	24. Was diseese or injury in any wey releted to occupetion of deceesed?	
00	11/12 24 0 74 0	(Signed) G. W. Bacon	. D.
20), FILED 1907 A. 1907 Registrar.	(Address) Parkville	
	If more blanks are meded address Sees Paris	W. C. J. S P. L P	_

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH PHYSI-Exact 131 County certificate. be stated EXACTLY, be properly classified 502 Murdoy 2FULL NAME property of certifi PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 4 COLOR OR RACE 3 SEX MARRIED. BINDING WIDOWEO, OR DIVORCED in terms so that it may be See instructions on back should Write the word 6 DATE DE BIRTH CE FOR K (Month) (Day) (Year) IIfLESS than 7 AGE I day hrs. pellddns UNFADING INK-THIS ARGIN RESERVED 8 OCCUPATION (a) Trade, profession or particular kind of work be carefully EATH in plai (b) General nature of industry important. business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) SHOULD SE OF DE 10 NAME OF FATHER 0 11 BIRTHPLACE PARENTS OF FATHER CAUSE of information (State or country) 12 MAIDEN NAME OF MOTHER Every Item of Inform CIANS should state statement of OCCUP. 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Registrar vî If more bianks are needed, address Stato Registrar, 16 W. Faratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward)	a hospital	occurred in or institu-
	stead of number.)	ts NAME in- street and

ADDRESS 2016

MEDICAL	L CERTIF	CATE O	F DEATH	
6 DATE OF DEATH	nos		29	, 1934
°1×000000000000000000000000000000000000	(Mo	nth)	(Day)	(Year)
Syd /	ERTIFY, T	100		eceased from
hat I last saw h den.	alive on	mi	28	7 200
nd that death occurre			bove, at	d. nı
The CAUSE OF DEATH	/	ollows:		
Ch & My		J	*** ***********************************	
Oh Migh	condit			
0	(Durati	ion)		mosde
Contributory a	rehal	Henn	her	
Secondary		2	0 4	
	(Durat	ion)	D'18	mosde
Signed)	1.19	1DK	17	M. D
m go 19238	(Address)	3711	Jensen	M
*State the Dise Violent Causes, state Accidental, Suicidal or	ase Causing (1) Mear Homicidal.	Death, is of Inju	or, in deary and (2	aths from 2) Whether
8 LENGTH OF RESI		r Hospita	ls, Institu	tlons, Trans
At place of deathyrsmos	ds.	In the State	yrs	
Where was disease contract not at place of death?	eted,		80008 600000000000000000000000000000000	
ormer or suel residence	•••••		************	****************
9 PLAME OF BURIAL				FBURIAL

REVISED LERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. business, that fact may be indicated thus; Furmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servont, Cook ployed, as At school, or At home. Care should be taken household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House* laborer, er," etc., Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (o) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The ques-Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enen at home, who are engaged in the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, Stotionary fireman, etc. But in many the first line will be sufficient, e. g., Furmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Loborer-Coal mine, etc. without more precise specification as Doy Compositor, Architect, For persons who have no occupation (b) Automobile factory. The materia Locomotive engineer, duties of the Grocery, Wom-

to time and causation), using always the same accept-ed term for the same disease. Examples: ('ercbrospina) Typhoid fever (never report "Typhoid Pneumonia") spinal meningitis"); Diphtheria (avoid use of "Croup"); EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-(the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,

> approved by Committee on Nomenclusture of the American Medical Association.)
>
> If this confinate is toked over those ughly and all questions answered in detail, it will preven further correspondence. All the data is essential and must be obtained before the certificate is (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease accident; Revolver wound of head-homicide; Poisoned by curbolic acid—probably suicide. The nature of the injury, as fracture of skull and consequences (e. g., sepsis, telanus) may be stated, inder the head of "contributory." (Recommendations on statement of suse of death diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning, Struck by railway train-State cause for which surgical operation was undercan be ascertained as the cause. Chronic interstitial (name origin; "Cancer" is less definite; avoid inges, perilonacum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; nephritis, Chronic valvular heart Corcinoma, Sarcoma, etc., of etc. The contributory Always qualify all disease;

data is essential permanently filed

FOR BINDING

RGIN RESERVED

V. S. No. 1

4 8/145 45 45	CERTIFICATE OF BEATT
1. PLACE OF DEATH	93:0)
County Ballino	Registration Dist. No. 4
Village or City Relay	ND. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	
2. FULL NAME Clara Virginia	Emith
11 1 1 1 2 0 0	Ch Word
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Fewals White Wiscowed.	(Month) (Day) (Year)
Se. If married, widowed, or divoged	
(or) WIFE of Edward (- Sunth	22. I HEREBY CERTIFY, That I attended deceased from
B.+12 18110	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys if LESS than	I last saw help alive on 1900, death is sall to have occurred on the date stated above, at R m.
85 1 8 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence
To the state of th	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEPER, etc.	apportant, 192
9. Industry or business in which	- Degree on on
work was done, as SILK MILL, Saw MILL, Saw MILL, BANK, etc.	100 / To 1000
10. Dete deceased last worked at this occupation (mgnth and spent in this	Denity 192
year) occupation occupation	Other Coutributory Cause of importance:
12. BIRTHPLACE (city or town) Morristor	Osteral Hypertersia 193
(State or country)	Tereral arteriations
13. NAME Phillip Hohn	
13. NAME 14. BIRTHPLACE (city or town) Motoris town	Name of operation
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Elizabeth Harran 16. BIRTHPLACE (city or town) Normal Town	23. If death was due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town) norsistow	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur?
17. INFORMANT Mr & Paul Smith	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address), Relay, and,	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date Date JULY 19 5	Nature of injury
19. UNDERTAKER Sustan Son	24. Was disease or Injury In any way related to occupation of deceased?
(Address) (Olio at Cely	If so, specify
20. FILED AN 22, 134 He Kierfler	(Signed) Aller and Son State (Signed).
/ Registrar.	(Address) Shaile Mil

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SUREAU V. E.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

County Calbon of t. Village or City Caten Sull. No. Montain Sull. In MADE Interest In a bongstar insidence, are in MADE insected a section of the country. Length of reidence in city or town where deeth occurred. YIL MAME 2. FULL NAME Country Caten Sull. (a) Residence: No. 3. 7441 Caubbell Sull. Caubbell Sull. PERSONAL AND STATISTICAL PARTICULARS 1. SEX 4. COLOR OR RACE Sull. MARING MOVED (White is word) So. If marined, widowed, or dovered (or) ville of William (warr) OB INVOICED (white the word) So. If marined, widowed, or dovered (or) ville of William (warr) So. If marined, widowed, or dovered (or) ville of William (warr) So. If marined, widowed, or dovered (or) ville of William (warr) So. If marined, widowed, or dovered (or) ville of William (warr) So. If marined, widowed, or dovered (or) ville of William (warr) So. If marined, widowed, or dovered (or) ville of William (warr) So. If marined, widowed, or dovered (or) ville of William (warr) So. If marined, widowed, or dovered (or) ville of William (warr) So. If marined, widowed, or dovered or will be word) So. If marined, widowed, or dovered or will be word) So. If marined, widowed, or dovered or will be word) So. If marined, widowed, or dovered or will be word) So. If marined, widowed, or dovered or will be word) So. If marined, widowed, or dovered or will be word) So. If marined, widowed, or dovered or will be word) So. If marined, widowed, or dovered or will be word) So. If marined, widowed, or dovered or will be word) So. If marined, widowed, or dovered or will be word) So. If marined, widowed, or will be word) So. If marined, widowed, or will be word) So. If marined, widowed, or will be word) If so. Rockets or country) Residence: No. 3. 19.3. No. 19.3. So. If marined, wild or or will be word) So. If marined, wild or or will be word or will be word) So. If marined, wild or or will be word or will be word or will be word) So. If marined, wild or will b	STATE OF MARYLAND—	CERTIFICATE OF DEATH
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2. FULL NAME Clause Solida Solida St. (3) Residence: No. 7, 74 (Studyshee of abods) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 9. SINGLE, MARKIED, WHOWED, OBLOWING ON THE WORLD OF	(1	death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. 3	Length of residence in city or town where deeth occurredyrsmos	ds. How long in U.S. If of foreign birth?ds.
PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE OBDIVORCED (with the word) OBDIVORCED (with the w	2. FULL NAME Clover Edith In	eth
3. SEX 4. COLOR OR RACE OR DYORCED (waite the word) Description of the control o		St., Ward Prontervol Mid
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So. If married, widowed, or divorced (197) wife of Order D South D Sou		21. DATE OF DEATH
HUSBAND of (or) WIFE of DOCAL DISTRICT (MONTH, day, and year) 6. DATE OF BIRTH (MONTH, day, and year) 7. AGE Years Months: 1 It LESS than I day. hrs. or. min. 1 It day. hrs. or. min. 1 It has sawn h. A. alive on. 2007 19.3% deeth is said to have occurred on the date stated above, at m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Were as follows: 10. Data decased lest worked of this occupation (month) and year) occupation (month) and year) occupation (month) and year) occupation (month) and year) occupation (state or country) 12. BIRTHPLACE (city or town). (State or country) 13. NAME 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL. Pland Marker (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) A. Specity whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 24. Was disease or injury in any way related to occupation of deceased? 18. Dundertaker (Address) 26. Was disease or injury in any way related to occupation of deceased? 18. Dundertaker (Address) 26. Was disease or injury in any way related to occupation of deceased? 18. Dundertaker (Address) 26. Was disease or injury in any way related to occupation of deceased? 18. Dundertaker (Address) 26. Was disease or injury in any way related to occupation of deceased? 18. Dundertaker (Address) 26. Was disease or injury in any way related to occupation of deceased? 18. Dundertaker (Address) 26. Was disease or injury in any way related to occupation of deceased? 26. Was disease or injury in any way related to occupation of deceased? 26. Was disease or injury in any way related to occupation of deceased? 26. Was disease or injury in any way related to occupation of deceased? 27. Was disease or injury in any way related to occupation of deceased? 28. Was disease or injury in any way related to occupation of deceased? 28. Was	Temple Walle Mariad	
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20. FILED (Address) Catanselle ma	(Address) Hyatheville Ind	if so, specify 6
	20. FILED 19, 19, Al Judice	(Signed) UTIF. C. Tanat M. D.
		(Address) Cotonselle ma

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the dcceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis "	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis -	. 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributes of the contrib	P		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

B.-WRITE

V. S. No. 1

VENT RECORD. Every item of infor-	TLY. PHYSICIANS should state	fied. Exact statement of OCCUPA.	/
HIS IS A PERMAN	be stated EXAC	be properly classif	of certificate.
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFIC	CATE OF DEATH	11120

1. PLADE C	OF DEATH			- 93-0	
County		Baltimo	re	Registration Dist. No.	
			(1	y RNd & Clyde Ave St., If death occurred in a horpital or institution, give its NAME instead of street and s. ds. How long In U.S. if of foreign birth? yrs,	Ward
	ME Charles			5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10505.
(a) Pasida	- Hamman	Tomm Sug	Dd 8 M1	nesBank Wane	
	-4.	(Usual place	of abode)	If nonresident give city or town an	d State
	NAL AND STATIS			MEDICAL CERTIFICATE OF DEATH	
Male	White	s. single, mar or divorced Singl	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH No yember 8 (Month) (Day)	., 193 (Year)
ie. If merried, wido HUSBAND of (or) WIFE of	wed, or divorced				
(or) WIFE of				The trace of the t	
DATE OF BIRTH	(month, day, end yeer) De	cember 2	2. 1934	1 last sew h elive on 19	, 19
7. AGE Ye	Months 10	Deys	If LESS then 1 dey,hrs. ormin,	to have occurred on the date stated above, et 4/55 m. • M. The PRINCIPAL CAUSE OF DEATH end related causes of importence were es follows:	; death is seid
8. Trede, profe	ession, or perticular work done, as SPINNER, R, BDOKKEEPER, etc				Date of onset
		Laborer		Myocardial Degeneration	
9. Industry or work we	business in which es done, as SILK MILL, LL, BANK, etc.	ounty Ro	ada		
1 10 Date deces	sed last worked at	11. Total ti		(Sudden death)	
year)	11/-5/-3	4 spen	pation 10	Other Contributory Causes of importence:	
2. BIRTHPLACE (c		imore		-Acute Dilatation of the Hear	1
(State or cou	ind i A	land		- Inquiry)	
13. NAME	John	Snaut			
	E (city or town)			Neme of operation	-
(Stete o	r country) Germ			Whet test confirmed diegnosis? Was there an	
15. MAIDEN NA	ame Barb	ara Hoff	man	23. If deeth wes due to externel causes (VIOLENCE) fill in elso the following	
	E (city or town)			Accident, suicide, or homicide? Dete of Injury	
(Stete or	r country) Germ	any		Where did injury occur?	
7. INFORMANT (Address)	George H.	Snyder		(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PL	e) ACE.
8. BURIAL, CREMAT	TIDN OR REMOVA	200		Menner of injury	
Plece - 1-1	mon and	Dete	3 ,1934	Neture of Injury	
9. UNDERTAKER	senge L.	Schwal		24. Was disease or injury in enviwey releted to occupation of deceased?	
(Address)	Tion tune	were any	2 //	If so, specify	
0. FILED ALVIV	7 19 24	dell	affe	(Signed Thu / farell Coron	er M.D.
			Begistudr.	(Address) Halethorpe, Md.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SUREAU VAR			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		**	

V. S. No. 1

infor- state UPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH	1114
of i	County Baltmare	Registration Dist. No. 30	
should of OCC	Village or City Catausville	death scurred in a horpital or institution, give its NAME instead of street and nu	Ward
20	Length of rasidence in city or town where death occurred 3yrs 9mos.	. 10 ds. How long in U.S. if of foreign birth? yrs. mos	ds.
RD. Every YSICIANS statement	2. FULL NAME Sta & Snyder		
RD.	(a) Residence: No. 2317 M. Aggington (Usual place of abode)	St., Ward. If nonresident give city or town and S	tate
RECORD PHYS Exact sta	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
L'X	3. SEX 4. COLOR OR RACE Female 4. COLOR OR RACE OR DEVORCED (write the word) That were	21. DATE OF DEATH Korember 24	193 (Year)
(ANENA CT)	58. If married, widowed, or diversed HUSBAND of James Sougher (deceased)	1 HEREBY CERTIFY, That I ettended de	eceased from
EX EX cls	6. DATE OF BIRTH (month, day, and year) June 8-1856	I last saw hely alive on Wax 24 1934:	, 1925/- daath is said
IS A PE stated E properly certificate	7. AGE Yaers Month Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 9.32.p.m. The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:	
HIS IS be st be pr of cel	8. Trede, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Misseratio	Data of onset
should it may u back	9. Industry or business in which	Mycenamo	17984
INI S sh t it	work was done, as SILK MILL, Sausewill SAW MILL, BANK, etc. 10. Date deceased iest workad et this occupation (month and year) year) occupation		
DIP So ucti	12. BIRTHPLACE (city or town) alleurn, new york (State or country)	Dthef Contributory Causes of Importance: - Lewile Dementia	1/1/30-
CNFA supplied n terms, ee instri	13. NAME Jahn Einge		
sul sul in t	14. BIRTHPLACE (city or town) Incland (State or country)	What test confirmed diagnosis augustones & Light was there an au	nnew? 21 n
X, WITH carefully H in pla	15. MAIDEN NAME Maria Weal 16. BIRTHPLACE (city or town) - Scatland	23. If death was due to externel courses (VIOLENCE) fill in also the following:	
INLY, WI be careful EATH in p	16. BIRTHPLACE (city or town) Seatland (State or country)	Accidant, suicide, or homicide? Date of injury Where did Injury occur?	, 19
E PLAINLY, should be can OF DEATH	17. INFORMANT Miss Bersie Snyler (daughter)	(Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLAC	E.
(+) (0) m	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
	Place or all bell Dete 100 1, 19 27	Nature of Injury	************
Mation CAUS TION	19. UNDERTAKER AM Juckson & fous (Address) with the Green	24. Wes disease or injury in any way related to occupation of decaasad?	10
M		(A) 61 -	_

fill in also tha following: Date of injury ______ 19___ or town, county and State) HOME, or in PUBLIC PLACE. 20. FILED MOO 27, 19 maistale Blues Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

20. FILED ...

	SIAIL	OF MAKILAND	CERTIFICATE OF DEATH	7 7 7 1
1. PLACE O	F DEATH		942	
County	Baltimore		Registration Dist. No.	
Village or (Length of res	idence in city or town where	le deeth occurred Lifers mos les Spoerer	No. Arbutus Ave. St., f death occurred in a hospital or institution, give its NAME instead of street and nu s. ds. How long in U.S. if of foreign birth? yrs. mos	ward
		Ave., Catonsville (Usual place of abode)	St., Ward. If nonresident give city or town and S	lale
PERSON	NAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
s. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH November 18 (Month) (Dey)	193.4. (Yeer)
a. If married, widov HUSBAND of (or) WIFE of	124	Smith Spoerer	22. I HEREBY CERTIFY, Thet lattended do	eceased from
S. DATE OF BIRTH	(month, day, and year) De	cember 18, 1871	I lest saw h_im_ alive on 000 18 ,19 3 1/2;	deeth is said
. AGE Ye	ers Months 62 11	Deys If LESS than 1 day,hrs.	to heve occurred on the dete stated above, et _6_ 3Q _ Rm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
sawyer 9. Industry or work wa SAW MI	- 4 611 1/ 0010 0	re & Battery, Wholes arl Spoerers Sons C		/mo
12. BIRTHPLACE (c (State or cou	ity or town) Baltim		Other Contributory Causes of importence: Mante Vardeac Ditalation -	Speal
13. NAME	Carl S	poerer		mutta
	E (city or town)	annover Germany	Neme of operation Date of Date of What test confirmed diegnosis? Clure al Was there an au	topsy?
15. MAIDEN NA	AME Charlo	tte Scheidt	23. If death was due to external causes (VIOLENCE) fill in elso the following:	
	E (city or town) Rhei	nprovince Germany	Accident, sulcide, or homicide? Dete of injury Where did injury occur?	
17. INFORMANT (Address)	Mr. Raymond P		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE	E.
18. BURIAL, CREMA	vion, or REMOVAL	60 Nov. 21 / 19 34	Menner of injury	
19. UNDERTAKER (Address)	1003 W. B	altimore St.	24. Was diseese or injury in any way releted to occupation of deceased?	
111			(Signed) CWTtom.	86 1

Registrar.

(Signed).

(Address) 806 N. Fulton Ave.

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the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: 1015 Attack of epilepsy 1 week ago Arteriosclerosis Run over by street car 1 week ago 1921 Chronic interstitial nephritis 3 days ago Peritonitis Julu 5.1927 Cerebral hemorrhage Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis 1 year May 1,1923 Gallstones

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1				OF MAR	YLAND-	CERTIFICATE OF DEATH	11:3
	1. PLACE OF				-	23)	
1			imore			Mt. Wilson Branch Dist No. 32	
	Village or C	ity	Mt. Wil:	son		No. Tuberculosis Sanatoriumst, death occurred in a horpital or institution, give its NAME instead of street and n	Ward
	Length of resid	dence in c	ity or town where	death occurred	O yrs 6 mos	ds. How long in U.S. if of foreign birth?	umber)
	2. FULL NAI			S. Spri			
	(a) Residen	ce: No	6 Gwyn	n Lake (Usual place		St., Ward. Woodlawn, Md. If nonresident give city or town and	State
_		AL AN	D STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
	Male	W	n or race hite		RIFD, WIDOWED, D (write the word) Z 1 e	21. DATE OF DEATH November 13th (Month) (Oay)	, 1934 (Yeer)
5a	. If married, widow HUSBANO of (or) WIFE of	ed, or dive	orce d	Single		22. HEREBY CERTIFY. That I attended d May 2nd 19 34, to Nov. 13th	leceased from
6.	DATE OF BIRTH (month, da	y, and year) N	ovember	16, 1916	lest saw h im elive on November 13th, 1934	death is said
	AGE Year		Months	Days	If LESS than	to have occurred on the date stated above, et 1.40 Am.	, 400111113 3014
	1'	7	11	28	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
Z	8. Trade, profes	sion, or p	articular as SPINNER	Cohool			Oate of onset
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month end			School		Pulmonary tuberculosis	Dec. 1933	
CCU				11. Total t	ime (yeers) T		
0	this occup	ation (mo	nth Uhknoy	yn spar	ime (yeers)Un- nt in this Known		
12	BIRTHPLACE (cit		Norto			Other Contributory Causes of Importance:	
12.	(State or coun		Virgi	nia		None	
ER	13. NAME	Jam	es Spru	111		-A(CHIV	
FATHER	14. BIRTHPLACE	(city or to		nton		Name of operation No operation Date of	
_	(State or			th Carol	lna		opsy? No
HER	15. MAIOEN NAM	ME G.	lara Fl		4	What test confirmed diagnosis? X-ray, and was there an au LUDERCIE DECILI WE'VE TOUND IN 23. If death was due to external causes (VIOLENCE) fill in also the following:	sputun
MOTHER	16. BIRTHPLACE		wn) New	York,		Accident, suicide, or homicide? Date of injury	
-	(State or	country)	New	DOPK.		Where did injury occur? (Specify city or town, county and State	
	(Address)	Mt.	Wilson	Md.	9	Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLAN	ĆE.
18.	BURIAL, CREMATI	10	ANN CLUED	2 Date VAR	16. 1984	Manner of injury	
19.	UNOERTAKER (Address)	slu	10. Will	thell	Fons	24. Was disease or injury in env way related to occupation of deceased?	No
20.	FILEDRON	14.	1934	11.00	My Registrar.	(Signed) Mt. Wilson, Md.	M. D.
			If more	blanks are needed, a	ddress State Registrar,	2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Chronic interstitial nephritis	MECELY	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
	DEC 3 1934	1.5		
Other contributory causes	of importance:	<i>i</i>	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

Spec.-1-10-21-M&T-1500 Bks. should state HEALTH DEPARTMENT—CITY OF BALTIMORE CERTIFICATE OF DEATH. REGISTERED N (If death occurred in a hospital or institu-ST.,.... WARD) tion, give its NAME instead of street and number.) WARD (Usual place of abode) (If non-resident give city or town and State) Length of residence in city or town where death occurred mos. How long in U. S., if of foreign birth? yrs. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 Single, Married, Widowed, 16 DATE OF DEATH (month, day, and feet 2 or Divorced, (write the word) CERTIFY, That I attended deceased from 5a If married, wldowed, or divorced HUSBAND of 6 DATE OF BIRTH (month, day, and year) and that death occurred, on the date stated above, at .. If LESS than 7 AGE Years Months Days The PAUSE OF DEATH* was as follows: plnode 1 dayhrs. or....min. 8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work.... (duration) mos (b) General nature of industry. business, or establishment in CONTRIBUTOR which employed (or employer)... (Secondary)(duration)yrs,mos, (c) Name of employer 18 Where was disease contracted if not at place of death?.... 9 BIRTHPLACE (city or town) (State or country) carefull a Did an operation precede death? 10 NAME OF FATHER Was there an autopsy? What test confirmed diagnosis? 11 BIRTHPLACE OF (city or town) (State or country) (Signed) M. D. , 19 12 MAIDEN NAME OF MOTH OF *State the Disease Causing Death, or in deaths from Violent Causes, 13 BIRTHPLACE OF MOTHER (city or town) state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.) CAUSI (State or country) 14 19 PLACE OF BURIAL, CREMATION OR RE-DATE OF BURIAL MOVAL Informanta (Address) 20 LNDERTAKER ADDRESS Registrar

[Approved by U. S. Census and American Public Health Asso.]

spective of age. For many occupations a single word or industry, and therefore an additional line is pro trial employments, it is necessary to know (a) the Farmer or Planter, Physician, or term on the first line will be sufficient, question applies to each and every person, irrehealthfulness of various pursuits can be known. The occupation is very important, so that the relative salary), may be entered as Housewife, Housework. Automobile factory. The material worked on may mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) when needed. As examples: (a) Spinner, (b) Cotton vided for the latter statement; it should be used only kind of work and also (b) the nature of the business fireman, etc. But in many cases, especially in indus tect, Locomotive engineer, Civil engineer, Stationary occupation whatever, write None. or given up on account of the DISEASE CAUSING DEATH, report specifically the occupations of persons engaged At school or At home. or At home, and children, not gainfully employed, as only (not paid Housekeepers who receive a definite home, who are engaged in the duties of the household Farm laborer, Laborer-Coal mine, etc. Women at without more precise specification, as Day laborer. "Laborer," "Foreman," "Manager," "Dealer," etc., form part Farmer (retired, 6 yrs.). For persons who have no Housemaid, etc. If the occupation has been changed in domestic service for wages, as Servant, Cook, Statement of Occupation .- Precise statement of occupation at beginning of iliness. If retired business, of the second statement. Never return that fact may be indicated thus: Care should be taken to Compositor, Archi

same accepted term for the same disease. DISEASE CAUSING DEATH (the primary affection with Bronchopneumonia ("Pneumonia," unquaiified, is Cerebrospinal fever (the only definite synonym is (name origin; "Cancer" is less definite; avoid use of toneum, etc., Carcinoma, Sarcoma, etc., of indefinite); (avoid use of "Croup"); Typhoid fever (never re-"Epidemic cerebrospinal respect to time and causation), using Statement of Cause of Death.-Name, first, the "Typhoid pneumonia"); Lobar pneumonia; Tuberculosis of lungs, meninges, perimeningitis"); aiways the Examples: Diphtheria

> symptomatic). "Atrophy," "Coilapse," "Coma," "Conconditions, such as "Asthenia," "Anemia" ary), 10 ds. Never report mere symptoms or terminal stated uniess important. Example: Measles rhage," "Inanition," "Marasmus," "Oid age," "Shock," vuisions," "Debility" ("Congenital," "Senile," etc.) causing death), 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvular heart disease; diseases resulting from childbirth or miscarriage, as can be ascertained as the cause. Aiways qualify all "Uremia," "Weakness," etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," (secondary or intercurrent) affection need not be death approved by Committee on Nomenclature of tetanus) may be stated under the head of "Contribuwound of head-homicide; Poisoned by carbolic acid ing; Struck by railroay train-accident; Revolver determine definitely. Examples: Accidental drown-HOMICIDAL, or as probably such, if impossible to INJURY and qualify as ACCIDENTAL, undertaken. "PUERPERAL septicemia," "PUERPERAL peritonitis," the American Medicai Association.) fracture of skuil, and consequences (e. -probably suicide. The nature of the injury, as State cause for which surgical operation was (Recommendations on statement of cause of for mailgnant neoplasms); FOR VIOLENT DEATHS STATE MEANS OF SUICIDAL, Measles; "Hemor (second-(disease (merely 01

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH 000 plnods ND. Jornie Lawe Habital St.,
(If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred mos. 12 ds. How long in U.S. if of foreign birth? ______yrs. _____mos. _____ds. 2. FULL NAME RECORD (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Month) BINDING 5a. If married, widowad, or divorced HUSBAND of 22. I HEREBY CERTIFY. That I attended deceased from (or) WiFE of 2 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months If LESS than to have occurred on the date steted above, at 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and ralated causes of importance or____min. & Trade, profession, or particular THIS CUPATION RESERVED kind of work dona, es SPINNER. Jo SAWYER, BODKKEEPER, etc. may back 9. Industry or business in which pluods work was done, as SILK MILL. SAW MILL, BANK, etc ... ŏ 10. Date deceased last worked at 11, Total time (yaars) this occupation (month and spant in this that occupation ... instructions Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) supplied. FATHER 13. NAME See 14. BIRTHPLACE (city or town). plain Name of operation_____ (Stata or country) carefully What test confirmed diagnosis?. Was there an autopsy? MOTHER important. 15. MAIDEN NAME i. 23. If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) Accident, suicide, or homicide?_____ Date of injury______ 19__ OF DEATH PLAINLY (State or country) Whera did Injury occur?___ should be (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. very 18. BURIAL, CREMATION. Manner of injury WRITE CAUSE TION Nature of Injury ____ 24. Was disease or Injury in any way related to occupation of deceased? (Addrass) If so, specify 20. FILED.

Date of onset

V. S. No. 1

Registrar.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	7	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

TION is very important. See instructions on back of certificate.

-
o.
No.
202
>

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(59)
County Delleums	Registration Dist. No. 30
Village or City Salonsville	No. / 25 / New Yord (WESt., Ward death occurred in a hospital of institution, give its NAME justed of street and number)
Length of residence in city or town where death occurred yrs mes	ds. How long in U.S. If of foreign birth?
2. FULL NAME LUNG A. Ste	VEUS
(a) Residence: No. /25 / Neuvod (Ujual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
Jeuale Color of RACH S. SINGLE MARRIED, WIDOWED, OR DISORCED Writishe word; 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Month) (Year)
HUSBAND OF COR WIFE OF CALLES TLEVENS	22. I HEREBY CERTIFY, That I altended dacassad from Nov /3 ,1934, to Nov /3 ,1934.
6. DATE OF BIRTH (month, day, and year) all. 1/2/83	I last saw h 20 alive on 1007 13 - 1934 death is said
7. AGE Years Months Deys If LESS than 1 dey,	to have occurred on the date stated above, at a 7.2. /c.m.
2 Trade profession or particular	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profassion, or particular kind of work done, as SPUNNER, SAWYER, BOOKKEEPER, etc.	acute un osardite (h)
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dato deceased last worked et // 11. Total time (years)	
10. Dato decasaed last worked et // 3/54 11. Total time (years) spintin his year)	
12. BIRTHPLACE (city or town) Madison)	Other Coutributory Causes of importance:
(State or country) Mary Rand.	Diabeles melletis 2 yrs
14. BIRTHPLACE (city or town)	Name of operation Data of
(State of country)	What test confirmed diagnosis? Clinical Was there an au'opsy? Mo-
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also tha following:
o 16. BIRTHPLACE (city or town) Tayy lawy	Accident, suicide, or homicide? Data of injury, 19
17. INFORMANT & Karles Stepters (Addrass) / 2 5 Removed ave Catourillo	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR, REMOVAL Place ouden lack Date Mov. 16, 1934	Manner of injury
19. UNDERTAKER COUSTON Down (Addrass) Ellicit Del	24. Was disease or injury in any way related to occupation of decessed?
20. FILED how 15, 1934 Warshall B West Registrat.	(Signed) marshall Bluest M.D. (Address) Calanzalle Med
If more blanks are needed address State Parish as	Attack Charles Carrie Bull: But St. C. M.

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To be complete, an occupation return must state:

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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
A Day of			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

OF DEATH

CAUSE nation

LION

plnods

WRITE

16. BIRTHPLACE (city or town). (State or country)

18. BURIAL OREMATION, OR REMOVAL

17. INFORMANT (Address)

19. UNDERTAKER (Address)

> Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

Accident, suicide, or homicide?

Where did injury occur

Manner of injury

Neture of injury

If so, specify

(Dey)

(Yeer)

Date of onset

Wes there en eutopsy?_

_ Dete of Injury______ 19_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

24. Wes diseese or injury in env wey releted to occupation of

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEG 3 1924			
Other contributory causes of importance:	<u>l</u> j	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

WRITE PLAINLY, WIT JUNFADING INK—THIS IS A PERMANENT RECOINFORM should be carefully supplied. AGE should be stated EXACTIFF.—I state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate. A PERMANENT be stated FVAC MARGIN RESERVED FOR BINDING

DRD. Every item of PHYSICIANS should. Exact statement of

HEALTH DEPARTMENT-

BALTIMORE	111.8

CERTIFICAT	E OF DEATH (127)	
1. PLACE OF DEATH	Registered No. 40	
CITY OF BALTIMORE: (No. Slater live.	tullestar Ward) (If death occurred a hospital or institutive its NAME in of street and number.	ution,
Length of residence in city or town where leath occurredyrsf		
2. FULL NAME Mary lignes Str	olines.	
(a) Residence: No. Slater we I ullerton	Ward Ward	
(Usuai place of abode)	St., Ward. (If non-resident give city or town and Sta	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month, day, year) Nov 2/, 19 22. I HEREBY CERTIFY, That I attended deceased	934
5a. If married, widowed, or divogred	20 1924, to hov 2158, 19	
(or) WIFE of Indiew Stropmer	I last saw her alive on 222 2 124 , 1921 Death is	said
6. DATE OF BIRTH (month, day, year) //- 4-/885	to have occurred on the date stated above, atm.	
7. AGE Years Months Days If LESS than	The principal cause of death and related causes of importance were as follows:	anal
79 /7 1 day,hrs.	f. f.	
18 Tundo profession or porticular	bhole cysliles how	
kind of work done, as spianer, sawyer, bookkeeper, etc.	19	34
work was done, as silk mill,		
saw mili, bank, etc. 10. Date deceased last worked at this occupation (month and year) year)	Other contributory causes of importance:	******
12. BIRTHPLACE (city or town) (Salto. (State or country)	Tuyocardial maneficiary nor	
E 13. NAME John Wackerk	14 1 14.	2 Y
13. NAME Ackery, 14. BIRTHPLACE (city or town) Salto, (State or country)	Name of operation Date of	
(State or country)	What test confirmed diagnosis? Lynn Was there an autopsy?	
E 15. MAIDEN NAME	lowing: Accident, suicide, or homicide?Date of injury	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. (State or country),	Where did injury occur?(Specify city or towa, county, and Sta	ite)
Mal Atomber	Specify whether injury occurred in industry, in home, or in p	oubiie
17. INFORMANT (Address)	piace	••••••
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place fully tamilly lempage 11/23, 134	Nature of injury	******
Leonard Ruch	24. Was disease or injury in any way related to occupation of decca	ased?
19. UNDERTAKER (Address) 5 305 / Option of	If 80 specify	
20. FILED 1/1 22, 134 93 (1 Fax 7) Registrar.	(Signed) (Address) Treclear Che	M. D.

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Gallstones	May 1, 1923	Gastroenteritis	1 year
- Silvin			10

44444	
ased f	
M. D.	

PHYSICIANS should state CNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. mation should be carefully supplied. AGE should be stated EXACTLY. RGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY, WITH

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County (Saltimore	20
101	No. J920 marnal Poarts
Village or City Uslandle (II	death occurred by a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death opcurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Color H. I Swills	
(a) Residence: No. 5920 married 12000	Plin Do had
(Usual place of abode)	St., Ward. Msts welle Mod
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR PR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male White OR DUORCED (write the word)	normber 8 193 4
5a. If married, widowed, or divored HUSBAND of	(Month) (Day) (Year)
HUSBAND of Comis a I hulke	22. I HEREBY CERTIFY, That + attended deceased from-
6. DATE OF BIRTH (month, day, and year) Nov. 14, 1851	,10 ,to 10
	Llast eaw h. ative en 19 death is said
E 1 / Iday hre	to heve occurred on the date stated above, et 9 4 m.
\(\(\) \(The PRINCIPAL CAUSE OF DEATH and related causes of importance wera as follows:
Trade, profession, or particular kind of work dona, as SPINNER,	Date of onset
SAWYER, BOOKKEEPER, etc.	Coronary Imombosco
9. Industry or business in which work was dona, as SiLK MILL, SAW MILL, BANK, atc	
1D. Data deceased lest worked et 11, Total time (year)	
this occupation (month and spant in this occupation cocupation	
0	Othar Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
×1.0	
13. NAME Sto I helpe	
14. BIRTHPLACE (city or town)Q	Name of operation Data of
(State or country) Semany	What test confirmed diagnosis? Wes there an eu'opsy?
15. MAIDEN NAME Jerrisa USauler	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) OB altrus	Accident, suicide, or homicida? Dete of injury
(State or coupty) horyland	Whera did injury occur?
17. INFORMANT Leo Ulnelle	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) 5910 married (Coad	The state of the position of the position of the position place.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Alex Calledal Dete // 0 ,1934	Netura of Injury
19. UNDERTAKER Frank H. Mewell	24. Wes diseesa or injury In eny wey related to occupation of deceased?
(Address) Pikesvilley Jud'	If so, specify
20, FILED MOS 9, 1964 IT TO MYCE Registrar.	(Signed) Complian Hy crones of
If move blanks are meeted address State Barrier	Windless)

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ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-FOR BINDING See instructions on back of certificate. RGIN RESERVED AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important.

1. PLACE OF DEATH	92-0
County Baltsmone	Registration Dist. No.
Village or Gity Hereford	No. St., Ward
	(If death occurred in a horpital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?yrsmos,ds.
	osds. How long in U.S. If or foreign birth?yrsmosds.
2. FULL NAME Winthia / Mak	eg/
(a) Residence: No. / Montelow Mag	(/ St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Véer)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) Aph 28/84	1 lest/saw h. elive on 2000 1997 death is said
7. AGE Years Months Days If LESS then	to have occurred on the date steted ebova, at 9m.
87 31 23 1 dey,hr.	wars se follows.
Trede, profession, or perticuler kind of work done, as SPINNER.	Date of onset
SAWYER, BOOKKEEPER, etc.	Valmilas Heach Lesson
9. Industry or business in which work wes done, as StLK MILL, Cotton hill Employed	,,
O 10. Date deceased lest worked at 11. Totel time (years)	
this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town) Back Co.	Other Cantributary Causes of importance:
(Stata or country)	
13. NAME Tracky 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) (Stete or country)	Neme of operation
	What tast confirmed diagnosis?
15. MAIDEN NAME Cooper 16. BIRTHPLACE (city or town) Bacelo Co	23. If deeth was due to externel ceuses (VIOLENCE) fill In elso the following:
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h Clark Care	Whera did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT / C. CARD. / Calley (Address) 372/ Pare to 1 Parkers	Specify whether injury occurred in INDOSTRI, in HOME, of in Public PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Bleek Ruck Cott Date Nov. 15, 123.	Menner of Injury
19. UNDERTAKER Phanklens Low	24. Wes disease or injury in eny wey related to occupetion of deceesed?
(Address) White Half had	If so, specify
20. FILED NOV 23, 1934 Thancis Of Registrar.	(Signed) // M.D. (Address) M.D.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Example 1		11	Example II	
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CC	MED O 160	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
101	INFALL V	\$1. T		
Other contributory causes of impor	rtanee:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SP.	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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See instructions on back of certificate.

TION is very important.

should state of OCCUPA.

Exact statement

18	19	-0	8	4
1	- 1	6	(- 2
À	B	- E	0	11

1. PLACE OF DEATH County Baltimore			Registration Dist. No. 38
Village or City Ruxton	occurred3	Oyrs — mos	No. Ruxton Avenue St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Heinrich (a) Residence: No. Ruxton A		luxton, M	Id •St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICA			MEDICAL CERTIFICATE OF DEATH
		tied, WIDOWED.	21. DATE OF DEATH (Month) (My) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Eilee	n O'Br	ien	22. I HEREBY CERTIFY. That I attended deceased from Oug. 4, 1921, to 2007. 7, 1934
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	y 19,	1875	I last saw h aliva on 19 34; death is said to have occurred on the date stated above, at 5 45 pm.
59 3	18	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc			Hypertens of "1932 Thypertens of "1932 Myrandikis "1932 Myrandikis "1932 Wesnia Och 25, 1934
12. BIRTHPLACE (city or town) Moh: (State or country) Geri	ra nany		Other Contributory Causes of Importance:
13. NAME Paul Richard 14. BIRTHPLACE (city or town)	d Turk	\$	Nama of operation
(State of country) GET	many		What test confirmed diagnosis? Was there an autopsy? 200
15. MAIDEN NAME Louise Kin	mmel		23. If daalh was dua to axtarnal causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Louise Kin 16. BIRTHPLACE (city or town) (State or country) Germ	many		Accident, suicide, or homicida?
17. INFORMANT Mrs. Eileen Tu (Address) Ruxton, Md.	urk		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL Place Drivid Ridge Cents, Dz	11/	/9 ,19 34	Manner of injury
19. UNDERTAKER Menty U. 7. (Addrass) 805 M. Col	Peak	St.	24. Was disaase or injury in any way related to occupation of deceased? 22-22
20. FILED NOT 9 , 1954 Mm	P. Bu	Les Registrar.	(Signad) Theodoy 14. Morrison M. D. (Address) 1013 n. Charles SV

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	

ADDITIONAL	SPACE FOI	R FURTHER	STATEMENTS	BY	PHYSICIAN

101		Spec,-1-10-21-M&T-1500 Bks,	11132
star UPA	1	HEALTH DEPARTMENT	—CITY OF BALTIMORE
tem of info should sta		CERTIFICATI	E OF DEATH.
	4	1-PLACE OF DEATH	REGISTERED NO. 3
Every SICIANS	1	CITY OF BASTIMORE: (NO 31/ Vilrafier	(If death occurred in a hospital or institu-
D. Every VSICIAN statement		2-FULNAME Paula JOSS	tion, give its NAME instead of street and number.)
RD. HY	1	631 Pencha	777
Exac		(a) RESIDENCE NO. (Usual place of abode) Length of residence in city or town where death occurred yrs. mos.	ST.,
Z EZ	1	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
NENT KACT Ssified		3 SEX 4 COLOR OR RACE 5 Single, Married, Widowed,	16 DATE OF DEATH (month, day, and year) 8 19 3
MAN EX clas	es.	De Glidgeo Ed	17 I HEREBY CERTIFY, That Joycended deceased from
Here R		5a If married, widowed, or divorced HISBAND of	Oex 103/2 to 1/8 103/
O ()	1	6 DATE OF BIRTH (month/day, and year)	that I last saw h alive on
- 000	IO	7 AGE Years Months Days If LESS than	and that death occurred, on the date stated above, at
VE THI	Dack	1 day,hrs. ormin.	ONON. Velens. Thy ocosty
田	no	8 OCCUPATION OF DECEASED /	
EAD G	ions	(a)/Trade, profession on particular kind of work	(duration) Jys. mos ds.
DINCied.	Instruct	(b) General nature of industry, business, or establishment in which employed (or employer)	CONTRIBUTOR CLEQUE LESSOTT
		(c) Name of employer	(Secondary) (duration) yrs, mos. ds.
P. S. E.S.	See	9 BIRTHPLACE (city or town) Course Citate or country)	if not at place of death?
M A Carefull H in pla	ant.	10 NAME OF PAPIER TO THE	Did an operation precede death?Date of
Y, V	important.	9 11 BIRTHPLACE OF FATHER (city or to but ashie	What test confirmed diagnosis delegated
The second second		(State or country)	Misigned June J. M. D.
PLAI should OF D	very	12 MAINE THAME OF MOTHER Juely Clerker	edy. 193/ (halloops) lafee of Celle
B 8 3	130	13 BIRT PLACE OF MOTHER (city of own). (State or country)	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether A cidental, Suicidal, or Homicidal. (See reverse see for additional space.)
-WRIT mation CAUSE	011	14 Informant this Elsie Auguer	19 PLACE OF BURIAL, CREMATION OR RE- DATE OF BURIAL
B		(Address) 404 Rosebank ave.	Lathedral Cemetery Nov. 10 1934
ZT)	Filed for 7, 1094 Web Production	Henry W. Meursofon 805 M. Calverts

[Approved by U. S. Census and American Public Health Asso.]

salary), may be entered as Housewife, Housework when needed. As examples: (a) Spinner, (b) Cotton or industry, and therefore an additional line is profireman, etc. But in many cases, especially in indus Farmer or Planter, Physician, or term on the first line will be sufficient, e. g., spective of age. For many occupations a single word question applies to each and every healthfulness of various pursuits can be known. The occupation is very important, so that the relative occupation whatever, write None. Farmer (retired, 6 yrs.). For persons who have no or given up on account of the DISEASE CAUSING DEATH report specifically the occupations of persons engaged or At home, and children, not gainfully employed, as only (not paid Housekeepers who receive a definite home, who are engaged in the duties of the household without more precise specification, as Day laborer "Laborer," "Foreman," "Manager," form part Automobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) vided for the latter statement; it should be used only kind of work and also (b) the nature of the business trial employments, it is necessary to know (a) the tect, Locomotive engineer, Civil engineer, Stationary from business, that fact may be indicated thus: Housemaid, etc. If the occupation has been changed At school or At home. Care should be taken to Statement of Occupation .- Precise statement of domestic service for wages, as Servant, Cook occupation at beginning of illness. If retired laborer, of the second statement. Never return Laborer-Coal mine, The material worked on may Compositor, Archi etc. Women at "Dealer," person, irre

"Epidemic cerebrospinal meningitis"); Diphtheria same accepted term for the same disease. toneum, etc., Carcinoma. Sarcoma, etc., of. indefinite); Bronchopneumonia ("Pneumonia," unqualified, is port "Typhoid pneumonia"); Lobar (avoid use of "Croup"); Typhoid fever (never re-Cerebrospinal fever (the only definite synonym is respect to time and causation), using always the (name origin; "Cancer" is less definite; avoid use of Statement of Cause of Death .- Name, first, the causing death (the primary affection with Tuberculosis of lungs, meninges, peri pneumonia; Examples:

> symptomatic). "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anemia" (merely ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia HOMICIDAL, or as probably such, if impossible to "PUERPERAL scpticemia," "PUERPERAL peritonitis." diseases resulting from childbirth or miscarriage, as can be ascertained as the cause. "Uremia," "Weakness," etc., when a definite disease rhage," "Inanition," "Marasmus," "Old age," "Shock," "Dropsy," "Exhaustion," "Heart failure," vulsions," "Debility" ("Congenital," "Senile," etc.) stated unless important. Example: Measles Chronic interstitial nephritis, etc. The contributory "Tumor" the American Medical Association.) death approved by Committee on tetanus) may be stated under the head of "Contribu fracture of skull, and consequences (e. wound of head-homicide; Poisoned by carbolic acid ing; Struck by railway train-accident; Revolver determine definitely. Examples: Accidental drown-INJURY and qualify as ACCIDENTAL. undertaken. (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; probably State cause for which surgical operation was (Recommendations on statement of cause of for suicide. FOR VIOLENT DEATHS State MEANS OF malignant The nature of the injury, as neoplasms); Always qualify all Nomenclature of SUICIDAL, g. sepass "Hemor Measles: (second-(disease

RGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT	mation should be carefully supplied. AGE should be stated EXACTT
1	MAI	CA (
BIL	PER	E
OK	A]	ated
F	IS	sts
E C	HIS	be
>	L	pln
E CE	NK	sho
ス	GI	GE
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5	FAI	ied.
H	Z	Iddu
	TH	lly s
	M	efu
	LY,	car
	Z	be
	PLA	plno
	E	she
	RIT	ion
4	M	mat

PHYSICIANS should state

Exact statement of OCCUPA-

properly classified.

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TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

STATE O	F MARYL	AND-CERTI	FICATE	OF	DEATH
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SIAIL OI	MAKILAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH		PHE
County 1 Dallin	ou	Registration Dist. No. 7
Village or City Teashing	1 Todds Firm	South Side Told Thule, Ast, Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death	occurredyrsmos	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Isradentife	ed hum	
	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH NOV Y V 193 4 (Month) (Day) (Year)
5a. If marriad, widowed, or divorcad HUSBAND of		(Month) (Day) (Yéar) 22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of		
6. DATE OF BIRTH (month, day, and year)	mt 60 1874	I last saw h alive on, 19; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the data statad above, at
about 60	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,		Grobolly had been dead fine or six
SAWYER, BDOKKEEPER, etc		g g monther avesal
work was done, as SILK MILL, SAW MILL, BANK, etc		Conterior : The Gody nerosing
10. Date deceased last worked at this occupation (month and	11. Total time (years) spent in this	Probable cause of death: old age it exposure.
year)	occupation	Other Contributory Causes of importanca:
12. BIRTHPLACE (city or town)	ζ	
(Stata or country)	7	Inquest flinding : romaine
13. NAME	۷,	unidentified and unknown.
14. BIRTHPLACE (city or town)(Stata or country)	3	Name of operation Date of
15. MAIDEN NAME	3	What test confirmed diagnosis? Was thera an autopsy? 23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (Stata or country)	3,	Accident, suicide, or homicide? Data of injury, 19
17. INFORMANT Tolice De (Address)	pr.	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Chris House Jules July	nate Arv. 24 184	Manner of injury
19. UNDERTAKER John S. Com (Address) Essex	nelly	Natura of injury 24. Was diseasa or injury in any way related to occupation of deceased?
20, FILED 11 /23 , 1934 John	ls. Cornelly Register.	(Signed) asob hallman Coroner M. D. Address) Sternmers Run Mod

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

2

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BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—

	STATE	F MAR	YLAND-	CERTIFICATE OF DEATH	1104	
1. PLACE C		the same				
County Baltimore				Registration Dist. No.	0	
Village or City Catonsville			2	No. Of St., War If death occurred in a horoital or institution, give its NAME instead of street and number)		
	sidence in city or town where o			sds. How long in U.S. if of foreign birth?yrsme	osds	
	AME William		cenheller	?		
	ence: No. Opitz	(Usual place		St., Ward. If nonresident give city or town and	State	
	NAL AND STATIST			MEDICAL CERTIFICATE OF DEATH		
Male Male	4. COLOR OR RACE White	5. SINGLE, MAR OR DIVORCE DIVOR	RRIED, WIDOWED, D (write the word) Ced	21. DATE OF DEATH November 22nd	, 193 4 (Year)	
5a. If married, wido HUSBAND of	owed, or divorced			22. I HEREBY CERTIFY, That I attended	dancer t from	
(or) WIFE of	Unkno	wn		Cengry 1934 to Nov 22	19 3 4	
6. DATE OF BIRTH	(month, day, and year)	ct 31st	1847	I last saw h And alive on Nov 21 1934	: daath is sale	
	Months O	Days 22	If LESS than I day,hrs.	to have occurred on the date stated above, at 2_ Am.		
SAWYER SAWYER Industry or work w	ession, or particular work done, as SPINNER, R, BOOKKEEPER, atc. business in which as done, as SILK MILL, B	etired	Clerk	Organo heart disease	Date of onact	
10. Date dacea this occupear)	ILL, BANK, etc	11. Total t	ime (years) nt in this 60	more replients	di	
12. BIRTHPLACE (c	city or town) Shephe	rdstown	,W.Va.	Other Contributory Causes of Importanca:		
13. NAME	Unknow	n				
	CE (city or town)	nown		Name of operation Date of What test confirmed diagnosis? Was there an a	9	
15. MAIDEN N	AME Unki	nown		23. if daath was due to external causes (VIOLENCE) fill in also the following		
	E (city or town) Unk	nown		Accident, suicide, or homicide? Date of injury Where did injury occur?		
	Opitz Home	e & Rol	Jane Rd.	(Specify city or town, county and State Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLA	e) ICE.	
18. BURIAL, CREMA	nberland, Md.	Data NO	1	Manner of injury		
19. UNDERTAKER (Address)	ha fich	Pacy	ns	24. Was diseasa or injury in any way railated to occupation of daceased?	W	
20. FILED 11/1	12/ 1934 1	Colu	Registrar.	(Signed) 1(1) 9 Augus	M. D	
20. FILED.	193 4 19 M	Cofee		A U II A A	м.	

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		7 %	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS BY PHYSICIAN	
Aci.		
13.7		
2700 Starford Rd		

BINDI	
FOR	
RESERVED	
RGIN	

1	L PLACE OF DEATH	CERTIFICATE OF DEATH
1	County Bulling	Registration Dist. No. 34
	Village or City Beckleysvill	No. St W
	Length of residence in city or town where deeth occurred 20 yrs,mgs.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2	. FULL NAME William a. Wa	lger.
	(a) Residence: No. (Usual place of abode)	St., Ward.
	PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. 3	male white 5. Single, Married, Widowed, OR phy or CED (write the word)	21. DATE OF DEATH (Month) (Day) (Sear)
5a.	If married, widowed, or dispresed HUSBAND of Gara Wolf Walger	22. I HEREBY CERTIFY. That I attended deceased f
_	DATE OF BIRTH (month, dey, end yeer) Aufust 16 - 1874 AGE Years Months Deys II LESS than	to have occurred on the dete steted above, at 11. 4 Ofm, 74
- 1	8. Trede, profession, or perticular	The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were as follows:
ALION	kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Docomoto atopa 191
CUPA	work was done, es SILK MILL, SAW MILL, BANK, etc	
OCCO	10. Date decessed lest worked at this occupetion (month end yeer)	
12.	BIRTHPLACE (city or town) Range and	Other Contributary Causes of Importance:
ER	13. NAME Lewis Walges	
FATH	14. BIRTHPLACE (city or town) - Mayland	Neme of operation Dete of Wes there an autopsy?
HER	15. MAIDEN NAME Caroline Laforte	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
MOTHER	16. BIRTHPLACE (city or town) May a (State or country)	Accident, suicide, or homicide? Date of injury, 19
17.	INFORMANT Mis lory Walges (Address) I tawfalcad ml	Where did injury occur?(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	Place Beekley will hat - no 123, 1934	Manner of Injury
19.	UNDERTAKER & deb effeton (Addiess) Verrepatered med	24. Wes disease or injury In any way releted to occupetion of deceased?
20.	FILED NOV. 21 , 1934 le. E. Fourth M. Lo. Registrar.	(Signed) MResh N (Address) Haufaliad hy

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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() () () () () () () () () ()			
Other contributory causes of importance:		Other contributory causes of importance:	
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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH should County 1 Registration Dist. N (If death occurred in a horpital or institution, give its NAME instead of street and number) 2 / ds. How long In U.S. if of foraign birth? ______yrs. ____mos. ____ds. Length of residenca In city or town where death occurred PHYSICIAN RECORD. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DAYORCED, (write the word) (Month) BINDING 5a. If marriad, widowad, or divorcad HUSBAND of 22. I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 0 certificate 6. DATE OF BIRTH (month, day, and year) to heve occurred on the date stated above, at 430 7. AGE Yaars Months Days It LESS than I day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance 0 or min. wera as follows: Date of enset Trade, profassion, or perticular de, projassius, or periodical workers, Shotal workers OCCUPATION RESERVED Jo back may 9. Industry or business in which should work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data decaasad last worked et II. Total tima (years)
spant in this this occupation (month and occupation 10.24 instructions Other Contributory Causes of importanca RGIN 12. BIRTHPLACE (city or town (Stata or country) supplied. terms, FATHER 13. NAME See 14. BIRTHPLACE (city or town). Name of operation_____ ain (Stete or country) carefully What test confirmed diagnosis?_ ----- Was thera an autopsy?_ MOTHER important. 15. MAIDEN NAME in 23. If daath was due to axtarnal causes (VIDLENCE) fill in also the following: Accident, suicida, or homicida?_ DEATH 16. BIRTHPLACE (city or town) (State or country) should be Where did Injury occur?___ (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. 17. INFORMANT L. LAN OF 18. BURIAL, CREMATION, DR REMOVAL WRITE CAUSE LION Nature of Injury. 24. Wes disease or injury in any way ralated to occupation of dacaased (Address) If so, spacify (Signed) 20. FILED ... Registrar.

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V. S. No. 1

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DEC 8 Ibut	1 .		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

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CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

See instructions on back of certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

	CERTIFICATION OF DETRIES	
1. PLACE OF DEATH	(22)	
County Dalluelore	Registration Dist. No. 30)
Village or Cityley Catourulle	No Deld Frederica Ry. St., If death occurred in a hospital or institution, give its NAME instead of street and	Ward
	sds. How long In U.S. if of foreign birth?yrsm	
2. FULL NAME Suries Suries Residence: No. Old Freelings Residence	slug was	
(Usual place of abode)	St., Ward. If nonresident give city or town and	d State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3.SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (white the word)	21. DATE OF DEATH Way. 9	, 193
5á. If married, widowed, or divorced	(Month) (Day)	(Year)
HUSBANO OF COT WHEE OF WHAT The Desching	22. I HEREBY CERTIFY, That I attended	deceased from
6. DATE OF BIRTH (month/day, end year) LUG 25.	I last sew h_ Quelive on Nov 9 19 3	Y.; deeth is sald
7. AGE Years Months Days If LESS than	to heve occurred on the dete steted above, et 11.45A m.	
84 2 / 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of Importance were es follows:	Date of onset
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date decessed last worked at	alero Solersia	Usel
9. Industry or business in which work wes done, as SILK MILL,		
SAW MILL, BANK, etc 10. Date decessed last worked at this occupetion (month end) year) ff. Total time (yeage) fpant in this occupation (corupation)	Duration: not stated.	
12. BIRTHPLACE (city or town) / Mary land	Other Contributary Causes of importance:	
(State or country) 13. NAME Stury Beifert,	acute Heart Jailure	30 mul
14. BIRTHPLACE (city or town) (Stete or country) Thurany	Name of operation Date of Date of Whet test confirmed diagnosis? Pursual Fundam was there an	autonou? As A
15. MAIDEN NAME Cuffeerin	23. If deeth wes due to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city or town) (Stete of country)	Accident, suicide, or homicide? Dete of injury	
17. INFORMANT hasle I bleselving. (Address) Elical Celuing	(Specify city or town, county and Sta Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	te) .ACE,
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury	
Place Ally Coate NOVI L., 19.3.5	Neture of injury	
19. UNDERTAKER Saaton Jours (Address) Olice of City	24. Wes disease or injury in eny way releted to occupetion of deceesed?	Na
20. FILED her 11, 1934 marslale B west	(Signed) Marsfall B Week	/M. D.

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BUREAU V. B.	,		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF	MARYLAND	-CERTIFICATE	OF DEATH
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1. PLACE O	F DEATH			(3)	
County	Baltimore			Registration Dist No. 3	2,
	Village Dr City Mt. Wilson (If Length of residence In city or town where deeth occurred 4 yrs 4 mos.		Registration Dist. No. 3 No. Tuberculosis Sanatoriums f death occurred in a horpital or institution, give its NAME instead of stree 17ds. How long in U.S. If of foreign birth?	t., Ward	
	ME Layin				
	ce: No.	(Usual place		St., Ward. Relay, Md. If nonresident give city or tow	on and State
PERSON	AL AND STATIST			MEDICAL CERTIFICATE OF DEAT	
s. sex Female	4. color or RACE White	5. SINGLE, MAR	RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH November 4th	, 193 4 •
5a. If married, widow HUSBAND of (or) WIFE of	John W.			(Month) (Gay) 22. I HEREBY CERTIFY, That I att	ended deceased from
5. DATE OF BIRTH		ept. 231	rd, 1897	June 18th, 19 30 to November 1 last saw h. gr. alive on November 4th 19 to have occurred on the date stated above, at 0.005 Pam.	45月1904 34 ; death Is said
3 Trade profes	7 1	12	1 day,hrs. ormln.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were as follows:	Oate of onset
kind of v SAWYER,	vork done, es SPINNER, BODKKEEPER, etcbusiness in which s done, as SILK MILL, L, BANK, etc	Housewi	ife	Pulmonary tuberculosis	Sept. 1929
10. Date decease this occu year)	ed last worked at pation (month and 2001)	9 11. Total t	ime (years) nt in this upation _ 4 _ yrs.		
2. BIRTHPLACE (cit (State or cour				Dither Coutributary Causes of importance: Pulmonary hemorrhage	Morr
13. NAME	Howard Rage	er			Nov. 4
14. BIRTHPLACE (State or	(city or town) Unknown Country) Penns	own sylvania	à	Name of operation No operation Date Whet test confirmed diagnosis? X-ray, and was there	
15. MAIDEN NA				UDETCLE DECILIT WE'RE TOUND 23. If death was due to external ceuses (VIOLENCE) fill in elso the tol	in sputu
	(city or town) Unkno			Accident, suicide, or homicide? Date of Injury Where did Injury occur?	
17. INFDRMANT (Address)	oris l' fehr	erholz.		(Specify city or town, county an Specify whether injury occurred in INDUSTRY, in HOME, or in PUBL	d State) IC PLACE.
8. BURIAL, CREMAT	on or REMDVAL oudon Park Cen	R. Bank Nov.	7 / 19 34	Manner of Injury	
19. UNDERTAKER (Address)	Delli 1003 M. Balti	More St.	10	24. Was disease or injury in eny way releted to occupation of decease if so, specify	do No
20. FILED MOPU	3 , 19 314	11,00	Registrar.	(Signed) Mt. Wilson, Md.	M. D.

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